

**Taranaki District Health Board
South Taranaki Health Services Provision
Community Engagement Report**

**Completed by
The Bishop's Action Foundation**

Views contained in this document are not the views of the Bishops Action Foundation or the Taranaki District Health Board. Information that appears throughout this document is taken from surveys and questionnaires with the South Taranaki community to contribute to the South Taranaki – Alive with opportunities' for better health care project.

Contents

1. Introduction.....	4
1.2 Methodology	4
1.3 Presentation of the Data	4
1.4 Groups Visited.....	5
1.4 Feedback from those Consulted With	6
Executive Summary	7
Common Themes – General	7
Common Themes Particular to Maori.....	8
Summary of the Most Significant Issues Presented Statistically.....	9
Summary of Feedback from Each of the Groups	10
Iwi	10
Nga Ruahine	10
Nga Rauru Kaitahi	11
Young Families/Whanau	11
Kaumatua	12
Older People South Taranaki	12
Youth	13
Geographic Location.....	13
Eltham	13
Kaponga	13
Normanby	14
Manaia.....	14
Patea.....	14
Waverley	15
Hawera Community	15
Community Boards	16
Patea Community Board	16
Egmont Plains Community Board	16
Hawera Community Board	16
Summary of the Feedback	18
2.1 Collation of Consultation from each area - Areas – Opunake, Eltham, Kaponga, Normanby, Manaia, Patea, Waverley and Hawera	43
Opunake	43
Eltham	45
Summary:.....	45
Kaponga	46
Normanby	48
Manaia.....	50
Patea.....	52
Waverley	55
Hawera	57
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2.2	Community Boards	59
	Eltham Community Board	59
	Hawera Community Board	61
	Patea Community Board	62
	Egmont Plains Community Board	65
2.3	Iwi.....	67
	Nga Ruahine.....	67
	Nгаа Rauru Kiiitahi	73
3.	Demographic Response	76
3.1	Young Families/Whanau.....	76
3.2	Kaumatua	81
3.3	Older People South Taranaki	86
3.4	Youth.....	92
	Annex 1 List of Organisations and Groups Engaged with	95
	Annex 2.....	97
	Annex 3 Summary - Community Perception of Access to Health Centres	99
	Annex 4 Summary of Key Themes - Tui Ora Te Ao Auahatanga Whanau Ora Project ..	100

1. Introduction

The following is a report documenting an engagement process with the South Taranaki Community around their health service provision needs in South Taranaki. This was commissioned at the end of February 2011 by Taranaki District Health Board (TDHB) and is being submitted on 29 March 2011. This piece of work has been undertaken by the Bishop's Action Foundation.

1.2 Methodology

For this engagement process a flexible methodology was utilised engaging community groups and members around five main questions or areas:

- i. What factors about the delivery of healthcare are important to patients and the public?
- ii. What do patients value about current services and why?
- iii. What do patients dislike about current service provision and why?
- iv. Is anything missing from current service options that patients and the public would value? E.g. email consultations
- v. What do patients and the public think is important for future service provision?

Community Groups were identified by the TDHB Planning and Funding Department and BAF to ensure this engagement was representative of the geographic, cultural, and demographic community of South Taranaki. For a list of those engaged with see Annex 1.

Groups were approached to engage with this process through email, phone and personal contact. The Bishop's Action Foundation worked with the Public Health Team at the DHB and attended community meetings that had already been arranged by the Public Health Unit. This was done to prevent any feeling of "*over consultation*". Some groups and organisations did not engage due to the limited timeframe for this consultation work which was less than a calendar month.

Groups were given the option to meet with the facilitator or receive a questionnaire to fill in at their convenience. In addition, each group that was engaged with received a letter of introduction and a facts sheet explaining the reason for the consultation and its purpose.

1.3 Presentation of the Data

Those individuals and groups who were met with and responded through the questionnaires asked that their information be presented through quotes and communicated directly. There were many explicit requests for community members to be able to see their responses and see where their contribution is located within the document. The Iwi also asked that they have a separate section for Iwi and Kaumatua to ensure that the perspectives and experiences of Maori are clearly communicated.

"Nga Ruahine can easily get lost as a result of 'mainstreaming' our voice rather than having our own say."

In response to this there are sections which represent the geographical area, the responses of the community boards, the Iwi and also relevant groups including young families and whanau, Kaumatua and Older People and Youth. In order to ensure that this information is usable and functional for those reading and using this information a summary is provided at the start of each of these sections and these summaries populate the Executive Summary at the beginning of the document.

In addition to this work, located in Annex 4 is a summary of the Tui Ora Te Ao Auahatanga Whanau Ora Project. This was provided courtesy of Tui Ora's project manager.

Annex 3 includes quotes which were not possible to incorporate into the text but are a document of feedback which was received.

In Annex 4 there is a summary of the feedback on GP access, which was received from those met with and the questionnaires received. While this is not statistical it is consistent information from all the respondents for this engagement.

1.4 Groups Visited

Breakdown of the preliminary engagement

This is a breakdown of the key groups which were engaged with and who participated in this community engagement process. For a full list of those interviewed and those that received questionnaires please see Annex 1.

Engaged With

4 Iwi were engaged with –
 3 Kaumatua Groups engaged with
 4 Community Boards were engaged with –

 10 youth groups were engaged with –
 7 Kohanga Reo were engaged with
 4 Kindergarten/Play Centres engaged with

Groups Which Engaged

2 Iwi authority engaged
 2 Kaumatua Groups engaged
 2 were interviewed and 2 submitted questionnaires
 3 groups engaged
 No groups engaged
 4 engaged with

Groups and individuals from the following locations in South Taranaki were met with and provided submissions:

- Hawera
- Patea / Waverley
- Eltham
- Normanby
- Manaia
- Kapinga
- Opunake

Number of groups engaged with

- 22 groups were interviewed
- 23 groups received questionnaires. Of these, 10 identified themselves in the questionnaires submitted
- 15 questionnaires were received from anonymous community members

- 5 questionnaires completed from the website

A total of 52 groups and individuals were engaged with through face-to-face interviews or questionnaires.

1.4 Feedback from those Consulted With

A summary of the feedback from those consulted with follows:

- The limited timeframe was an issue for each group interviewed and documented on 75% of the questionnaires received
- Iwi in particular feel that this engagement should have been reflective of Partnership under the Treaty
- Some groups felt the TDHB should have consulted or engaged directly and not through another organisation
- Some who engaged and others that did not felt that this engagement was tokenistic

For quotations from those engaged with see Annex 3.

Executive Summary

Common Themes – General

- Waiting time for GPs is an issue – two to three weeks in Hawera and Manaia, two to three days in Eltham, Patea, Opunake, and no appointments available in Waverley.
- Lack of access to after-hours services and waiting times at accident and emergency, access to specialist.
- Lack of GPs in South Taranaki resulting in rotating GPs is an issue for continuity of care, resulting in older people having to tell their medical history again and again.
- Difficulty achieving seamless service when there is a lack of GPs, long wait times for specialist services and ambulance travel routes in Southern Taranaki are disjointed. (Patients go north to Hawera for triage before they go South to Whanganui.)
- Travelling to appointments takes time, money and causes stress for low income, older people, working families and families with young children. The cost of services provided in New Plymouth is borne by the community of South Taranaki..
- The cost of having centralised services is being borne by the South Taranaki Community.
- Transport to services from rural areas is not available in Manaia, Opunake, Kaponga, Waverley. Transport remains an issue to access services and to the general health and wellbeing of the South Taranaki Community affecting access, participation and opportunities.
- People are travelling to GPs around South Taranaki leaving their communities to access GP services when services are available but rolls are full. This results in people travelling from Kaponga to Patea, Patea to Eltham and Waverley to Patea.
- Appropriate appointment management is a requirement to better manage appointments for people from South Taranaki travelling to New Plymouth.
- Accessible Primary Care, GP visits, and availability are the key priorities for the South Taranaki Community.
- Reducing wait times for both GP visits and Specialists to address health issues early.
- Increase the number of Specialists travelling to South Taranaki to serve this community was requested.
- The need for a CAMs team (Crisis Team) for South Taranaki located in South Taranaki was requested.
- The devolution of regional contracts was requested for South Taranaki, contracts which are provided by South Taranaki.
- After-hours GP services and care is not inadequate, the current A&E option is not working.
- A&E is over used due to lack of GP appointments available or lack of funds to access a GPs. Due to the lack of continuity of care this leads to further hospitalisation and visits and A&E is not a viable working solution to the lack of doctors.
- Putting A&E stabilised patients in the general wards is not working.
- Opunake and Waverley are both on boundaries, Waverley looks to the South, Whanganui and Opunake looks to New Plymouth, service design and service options need to reflect this.
- Communities of Interest need to be recognised.
- Mindful of developments in South Taranaki Hospital, provides civil defence services if the mountain erupted or had major earthquakes.

Common Themes Particular to Maori

- Long wait times to access services e.g. GPs not available which results in an A&E visit, which requires further GP visits to receive scripts, resulting in increased transport costs and time.
- The lack of after-hours GP services leads to the current A&E cycle of visits which is not working.
- GPs rotating, resulting in having to tell stories many times, affects the older Kaumatua.
- Affordability, both to pay for services, pay for transport to services, pay for scripts and follow up visits, the cost of not having local services is borne by the communities which are low income communities on low wages with large families.
- Short notice cancellation of appointments affects whanau who have limited support and have to put support in place to access appointments.
- More mobile services provided in rural communities would help increase access to service and health outcomes for the community.
- Better and more Primary Care provided in local communities is required to provide education and preventative support for communities to reduce the need for GP and Specialists Services.
- Transport and the cost of travel and distance directly affects people with chronic conditions, either in reducing the number picked up early through health checks or affecting people from receiving treatment earlier. The result is more Maori people suffer from chronic disease and transport is the fundamental barrier to service access.
- The link from primary to secondary services is disjointed and this lack of a seamless service affects families and whanau causing distress, anger, costing money and time and putting additional burden on whanau.
- Devolution of contracts to South Taranaki provided by South Taranaki.
- More Maori Health Services which include the cultural aspects of health in Manaia to support the Nga Ruahine community - this can support people to access health care, identify those at risk and enable more Maori people to effectively access services.
- For Maori by Maori service provision, resource Maori providers to service Maori clients.
- Whanau Ora approach to health is required where health services should be working to achieve the same community outcome as well as service outputs. Working in a holistic manner to achieve broader community health outcomes is better for Maori and the wider community.
- Whanau Ora approach – wider focus on supporting whanau and one point of contact, work in a more integrated manner.
- Inequalities and prejudice in the system where racism is experienced within the health service affects access to services. The attitude and level of referrals affects access to services and take-up of what is available for Maori.
- There is an increasing need for health services to cater for the growing Maori population.
- Advocates to support Maori males and older people to access health services and navigate the health service system could facilitate better access to services and prevent people from dropping off the system as a result of a lack of understanding.

- Health services and programmes which support young people to make positive health choices, use health services as a platform to support the wider aspect of youth wellbeing and develop skills and talents in our young people.
- Services need to reflect the needs of people with disabilities and mental health issues in South Taranaki.

Summary of the Most Significant Issues Presented Statistically

Issues Identified	%
Wait times	77.8
Specialist access	33.3
Importance of Hawera Hospital	36.1
Importance of A&E	22.2
Importance of ED	25.0
Inpatient recovery, overnight etc	25.0
Travel / transport	69.4
Staffing numbers	44.4
Cost	27.8
Ambulance services	25.0

Summary of Feedback from Each of the Groups

The following is a presentation of summaries from each significant group which contributed to this engagement. This contains summative information about the significant issues which are important around health services provision in South Taranaki for the following groups:

- Iwi
- Young Families
- Kaumatua
- Older People
- Youth
- Summary of Information from Each of Towns in South Taranaki
- Community Board Contribution

Iwi

Nga Ruahine

Summary

- Waiting times for GPs
- Lack of access to GPs leads to more A&E visits
- Lack of GP after-hours is an issue, A&E is not working for the Iwi
- Rotation of Doctors is an issue for continuity of care
- Preventative and proactive health care is required
- Lack of transport affects health outcomes, such as an increase in chronic disease
- Lack of GPs and lack of Kaupapa Maori Health Services in Manaia affects health outcomes
- Need more health services provided locally in Manaia
- Advocates required for Maori males and older Kaumatua who have trouble following the GP appointment and need support
- Appointment management for specialist services in New Plymouth needs to consider travel time, bus shuttle times and age of patients
- Increase the number of specialists services available in South Taranaki to reflect the needs
- Value the Mobile Bus and Specialists coming to Hawera
- More mobile services to rural areas required
- Value the hospital and the services provided in the hospital at the moment, scans, blood tests and the departments currently working out of there
- Mental Health service contracts need to come south, more services for those with disabilities
- Devolution of service contracts to South Taranaki
- Services need to be designed around the changing demographics and the growing number of younger Maori
- Whanau Ora approach to health service development and design is required
- The TDHB need to include Nga Ruahine in projects e.g. Project SPLICE

Ngaa Rauru Kiitahi

Summary

- Lack of GPs and competition to keep GPs
- Local access to primary health services at affordable prices
- Seamless access to services between Hawera and Whanganui where choice necessary here
- Transport is important to enable better access of services
- Waiting times currently affect health outcomes
- Services for older people and Kaumatua are a priority
- Services for young people need to be integrated and have a multidisciplinary and multi-pronged approach
- Service design and delivery needs to focus on community health outcomes and services need to work to achieve these not just providing one-off services. Integrated service design and a collective goal shared by service providers is one step to achieve this
- Health services necessary to develop and incentivise industry in Southern Taranaki

Young Families/Whanau

Summary

- Lack of GPs
- Wait time to see a GP
- Lack of continuity of care
- GPs do not provide family care – one patient per visit, one script per visit results in families and whanau having sicknesses and communicable diseases which are preventable
- GP dominated care is an issue
- Lack of specialist services coming to New Plymouth
- Appointment times for specialists in New Plymouth need to recognise where people travel from
- Maternity Unit in Hawera is valued, all the services currently provided in Hawera are valued especially Accident and Emergency
- Lack of services for diabetes and asthma in rural areas
- Lack of paediatrician in South Taranaki
- Suggested linking all GP practices to allow better access and visits

Kaumatua

Summary

- GP wait times
- Rotating GPs lead to a lack of continuity of care
- Lack of after-hours care, having to attend A&E after-hours
- Lack of transport to access services within South Taranaki and New Plymouth, the hospital shuttle bus is not accessible to everyone in South Taranaki
- Cost of services and medication
- Appointment management for specialist services does not consider the shuttle times, travel times, age of the patient and the time they will have to wait
- Value the Hospital and the services it currently provides – if the hospital was to close many Kaumatua would have to leave South Taranaki to live nearer health services
- Doctor centred care is not working, preventative and more nurse led care would be more suitable and prevent number of GP visits
- Holistic care which includes cultural aspects is necessary
- Advocates are required for GP visits to help older people understand
- Better discharge policies – late night discharges without transport are difficult for Kaumatua
- Devolution of service contracts to South Taranaki
- Services for people with disabilities
- Racism in the health system and treatment affects access to services and take-up
- Group Ambulance subscription suggested for older communities arranged through the Iwi or Health Authority

Older People South Taranaki

Summary

- GP wait times
- Access to services
- Distance and travel to access GPs and Specialists
- Lack of continuity of care with rotating GPs
- Appointment management for New Plymouth is not considerate of geography, bus shuttle schedule and older people
- Travelling to New Plymouth for services which could be provided locally is disliked
- Mobile Services Bus is valued, Hospital Shuttle is valued
- Hawera Hospital is valued for maternity, recovery, Accident and Emergency, scans and blood tests, recovery and it allows older people to age in place, important for the economy of South Taranaki, local medical centres
- NASC is not providing the same representation as previous services
- The South needs a mental health crisis team located in the South
- Keep local ambulance service going
- Older people need Health Maps for local areas and more information about services provided locally

Youth

Summary

- Accessibility, cost, travel, wait times, for GPs and A&E
- Relationships with health staff difficult due to rotation
- Location of services affect access and add cost
- Cost of GP services are prohibitive as are the lack of alternative payment options
- Wait times result in health issues worsening
- Need for services for sexual health services, mental health services and services for chronic diseases, psychologists services
- Value transport to services, maternity unit, mobile services, specialists services available in Hawera
- More Whanau Ora approach to service provision for youth

Geographic Location

Opunake

Summary

- Cost
- Ability to make an appointment
- Wait times - Takes two days to make an appointment with GP
- High turnover of GPs
- Travel for any specialists services or ACC Injury – lack of physios
- Access to care and medicine – In Opunake there is no chemist to get medication
- No after-hours care, GPs Emergency services
- Dependence on volunteer ambulance
- Emergency Ambulance – getting this is difficult, have to wait

Eltham

Summary

- Cost of health care is an issue for the community
- Wait time for GP and specialist is too long
- Accessibility of health services is an issue
- Communities want local accessible affordable GP
- Communities need quality health care

Kaponga

Summary

- Wait times for GP visit
- Lack of continuity of care due to rotation of GPs
- Appointment management for specialist services in New Plymouth is inconvenient
- Travel burden puts cost of services in New Plymouth back on the South Taranaki Community

- Specialist visits to Hawera is positive
- Hospital is vital for the South Taranaki economy
- Accident and Emergency is essential for farming community

Normanby

Summary

- GP waiting times
- Availability of services in Hawera is an issue
- GPs requiring families and whanau to make multiple visits for the same problem is not appreciated
- Appointment management for services in New Plymouth
- Hawera Hospital is important, A&E and Maternity are important
- Lack of integration of Ngati Ruanui and South Care is an issue
- Need more specialists available in Hawera

Manaia

Summary

- Access to GPs
- Rotating GPs affect continuity of care
- Transport to services is the most important factor for access especially for older people
- Mobile services would be helpful
- Clinical Staff in Manaia is preferable
- Hawera Hospital is important and the services which are provided

Patea

Summary

- Availability of specialists and specialist services such as cancer screening
- Not enough doctors and specialists. Financial help is needed in order to access services in other regions
- Waiting times to access GP and specialists services
- Transport to access services outside of Patea
- Ease of access into secondary services
- Doctors who do home calls. "They are the rock of the community." This must be maintained.
- Cost is very important to the community
- The elderly need support with information on how to access services – they do not know how to go about getting it
- Appointment Management for services in New Plymouth
- Medical alarms are needed for people who live alone
- Mental Health Crisis Team is required in the South
- Ambulance Services are essential
- Hospital provides essential care, accident and emergency and recovery care

Waverley

Summary

- Difficulty to get GP appointment – GP does not take appointments in Waverley
- Lack of availability – GP only available two days per week
- Service loss in Waverley e.g. Meals on Wheels
- Availability of Mobile Services for Chronic Disease is important
- Value Waverley Standby and Waverley Healthwatch and improved Ambulance Service
- Elderly need Health Maps and service information
- Sense of being discriminated against because from Waverley in Whanganui Hospital
- Need more Alcohol and Drug Services

Hawera Community

Summary

- Lack of GPs
- Rotation of GPs affect continuity of care
- Appointment management and cancelling appointments is an issue
- Accessible Health Care in Hawera
- More specialists required in Hawera
- Timely response to emergencies essential
- Helicopter services not a solution to providing services in Hawera
- A&E is essential
- Hospital and all its current services important
- Bus Shuttle and Mobile Operating bus is important
- Take A&E stabilised out of wards
- Travelling to access services for health causes stress on the community
- Provide essential services in Hawera

Community Boards

Patea Community Board

Summary

- Access to GP is the most important thing
- Continuity of care is important
- Wait times to see GP
- Foreign doctors English affects patients understanding
- Mobile specialists services to smaller communities is important
- Choice to access services in New Plymouth, Whanganui or Hawera
- Stat 1 and 2 patients should go directly to Whanganui and Stat 3 and 4 to Hawera
- Ambulance route should be determined by the need for patient care not boundaries
- Ambulance wait times too long, back up ambulance needs to be stationed in Hawera not Stratford
- Need Hawera Hospital for recovery and 'low tech' services
- Specialist access and appointment management needs to be addressed
- Hospital provides Civil Defence Emergency Function should New Plymouth be taken out due to an eruption or flooding

Egmont Plains Community Board

Summary

- Wait times to see GPs and Specialists
- Timing and frequency of appointments to reflect people's travelling needs
- Local availability of services important, physio, counselling, provided from the same location
- After-hours access to GP and emergency services is an issue
- GP do home visits for whanau who do not have their own transport
- Whanau and families bear the cost of services through the travel costs they pay for
- Early discharge from hospital causes further health issues
- Email consultations for repeat scripts

Hawera Community Board

Summary

- Provision of accessible care
- 24/7 Emergency Healthcare
- Continued inpatient services
- A&E patients in wards not working
- ED difficult to access
- Treating people in Hawera where possible with services which are available, promote these services
- Need assurance the hospital will remain

Eltham Community Board**Summary**

- Difficult to get a GP appointments
- Accessibility to services
- Cost of services
- Local Hospital care a priority and services need to stay or grow
- Waiting time for GPs, A&E, Specialists and surgery an issue
- Services for the Elderly – gap between post hospital care and home care

Summary of the Feedback

The following section presents the information received from each of the five broad questions asked.

What are the factors which affect access to Health Services?

- Waiting Time
- Response Time
- Distance and Transport
- Access to Services
- Recovery & Convalescence
- Accessibility of Services
- Seamless Continuity of Care
- Appointments
- Sufficient Staff
- Cost
- Hawera Hospital
- A&E
- Ambulance Service

Waiting Time

Waiting times to see GPs, access the Emergency Department and the extensive wait time to get Specialists appointments is too long. The time it currently takes to access a GP can be up to three weeks in Hawera. This is a factor which affects all members of the community because it makes services inaccessible and unreliable. It takes from two days to three weeks to make an appointment to see a doctor in South Taranaki, attributed to the shortage of doctors and qualified nurses resulting in the long wait for GP and Specialists.

*“There are not enough doctors and specialists”
“Less Time and less travel to access primary health services.”*

“Quick referral process needed providing the best care that can be provided.”

“That where possible, health services are delivered locally with a minimum of unnecessary 2 hour trips for services that can be safely delivered in Hawera.”

“Time, weekends, afterhours etc. Wait times are too long at Hawera hospital.”

“That there is both adequate and timely access to GP services, specialist OP services, maternity services, inpatient services both local (eg. terminal care, rehabilitation, convalescence and ‘low-tech’ care) and at Base or beyond for surgery (other than performed in the surgical bus) and ‘high tech’ / specialist care.”

Response Time

Timely response to an emergency, Hawera hospital is essential to stabilise after an accident, patients like to be stabilised in Hawera.

“We are a county community; we need our services in our community. Ambulance services not trained or able to stabilise patients.”

Distance and Transport

Transport is a fundamental barrier to service access and access to Primary Health Care for rural and Maori communities.

The distance and the cost of transport along with, the availability affects access, especially in low decile, low income communities.

The shuttle leaves from Patea and Hawera. If you are not on the direct route then transport to the shuttle bus remains an issue. The shuttle bus goes to New Plymouth from Waverley on a Thursday. If you live in Opunake, Manaia or Waverley, then regular access to health services and access to transport remains problematic.

“It is easier to travel to Wanganui, more convenient, have to fight for this.”

“Due to the loss of doctors in Hawera means better service in Wanganui. Ambulance service takes one hour to arrive.”

“Travel and stress being experienced by South Taranaki.”

“The cost of service provision is being borne by the South Taranaki Community.”

Access to Services

Timely access to the following level of services is currently inadequate for Taranaki Communities:

- GP services
- Specialist OP services
- Emergency services

Access to Maternity services is adequate.

“Access to emergency departments 24/7 at Hawera hospital, inpatient care, visiting specialists to Hawera, quality care, compassion.”

Recovery & Convalescence

Access to Hawera Hospital for both recovery and convalescence is important for the local population who struggle to travel to New Plymouth. This is important for both patients and their family/whanau. Access to in-patient services, both local e.g. terminal care, rehabilitation, convalescence and “low tech” care is important in Hawera.

The public are happy to access Base Hospital or beyond for complex surgery which requires high technology and equipment. This excludes operations currently performed in the Surgical Bus.

“Availability of specialists and specialist services such as cancer screening.”

“Financial help is needed in order to access services in other regions.”

“Specialist treatment of 10-12 year olds only when paid by private system.”

Accessibility of Services

Access to GPs and specialists services locally through the hospital or through mobile services is another factor. Access to the Emergency Department and outpatients is important for the local community. The Emergency Department is important for the local economy where a large percentage of the populace are employed by Fonterra, KUPE and Yarrows.

“We need full local services without having to go to New Plymouth for minor operations.”

“we need 24/7 emergency healthcare in South Taranaki, outpatient and consultant appointments available in Hawera.”

“That access to this health care is equitable and funded for all members of the community, not just some groups.”

“Older people need the transport and need the services of the doctor and specialists to be accessible. Travelling services need would be useful.”

Seamless Continuity of Care

Seamless continuity of care is important. Good continuity of care is affected by access to local hospitals, lack of after-hours services having to use the ED and outpatients and the high turnover of GPs.

The lack of GP after-hours care and GP Emergency Services after-hours, linked to practices, affects continuity of care. The high turnover of GPs and the impact this has with discontinuity of primary care provision was mentioned by every group met with.

Issues such as the difficulty getting access to medication in local communities affects the ability to receive medication the day it is due, thereby affecting health and recovery.

“That’s why from Opunake I go to Stratford” Got to New Plymouth or Manaia to get medication. In Opunake there is No chemist to get medication.”

Lack of consistency was noted where sometimes blood pressure, vitals and heart rate is checked by the GP and other times it is not.

“Checking vitals should be standard.”

Families and whanau are struggling with the one visit per patient approach in primary care, where one person cannot get two prescriptions per visit and if there is more than one thing wrong have to make another appointment. This is also affecting families and whanau who present with a contractible disease which will inevitably spread among the children but medication scripts will only be provided for one child. This results in the whole family having to make a visit for something which could have been treated earlier en mass and prevented from spreading.

“There is a lack of integration between South Care and Ruanui, if you are registered with one you cannot attend the other.”

“The lack of continuity, having to repeat my story again and again, there should be shared information between wards. “

Appointments

There is discontent across the board around appointment management for Specialist Services and surgeries in New Plymouth and how people are treated by frontline staff. The lack of consolidation of appointments in South Taranaki results in people travelling North each month. A suggestion is to provide surgery on one day in Hawera and South Taranaki. Older people from Patea being given 8.30am appointments is one example and cancelling operations for older people when they are on the bus to New Plymouth is another.

“Have to fight to get good care.”

“People think it’s too far away to service – Patea.”

“Appointments same day or following day, being seen in an appropriate time, more Hawera hospital outpatient appointments rather than travelling to Base. Base is not B.S.M.C healthcare access.”

“That hospitals and services are maintained so that it is not necessary to travel to New Plymouth.”

“That where possible, health services are delivered locally with a minimum of unnecessary 2 hour trips for services that can be safely delivered in Hawera.”

Staff

Comments on health service staff in South Taranaki provide efficient, quality, prompt initial consultations and treatments, with caring and helpful staff and that patients are treated with respect. But it is accessing the health staff that poses the biggest hurdle and once accessed the public need answers around their health status to be provided promptly.

“Being able to seek advice without feeling a burden to staff”

The hospital requires fully qualified staff and sufficient staff to man the hospital properly with essentials such as continued inpatient services.

“The effort and dedication of staff in the medical centres is not questioned”

In some practices doctors who do home calls were called the “*the rock of the community*” and community members were clear that “*this must be maintained*”.

Cost

Cost is very important to the community, the current provision of services centrally transfer of costs back to the community. Rural communities experience increased disadvantage where there is a \$15 cost to fax a prescription. For the South Taranaki Community, health care remains expensive without insurance. The costs associated with calling an Ambulance obtaining medication, and attending GP visits results in more A&E usage.

“That access to this health care is equitable and funded for all members of that community, not just some groups.”

Hawera Hospital

Hawera Hospital is important to the South Taranaki Community due to the industrial nature of employment in South Taranaki. Having an Emergency Department to respond to accidents on industrial sites and farms is important. This ability to have an Emergency Department to respond to accidents, heart attacks and car crashes is important to the South Taranaki Community.

While this is the case, Hawera is often a Triage agent for transfer to New Plymouth or Whanganui for more serious cases. *“The Stat 3 & 4 cases should go to Hawera. The Stat 1&2 should go to New Plymouth or directly to Whanganui.”*

Community members felt that if patients are closer it is better to go to the closer hospital and this decision should be made in the ambulance to prevent time wastage. *“Currently the ambulance route taken is responding to bureaucracy not the needs of the patient.”*

“The ED in Whanganui is much better, Hawera has lost the level of services, therefore have or should go to Whanganui. People should be able to go to Whanganui. For convalescing and recovery Hawera is fine.”

Ambulance Service

If the Ambulances were linked to a computer system and able to access patient files, this would allow better patient care. Better ability to share patient information would provide better patient outcomes. There is a dependence on volunteers for ambulances. At times, the emergency ambulance is difficult to access and has a wait time.

What do Patients Value about Current Services and Why?

- Accident & Emergency
- Services provided locally
- Community Services
- Specialist Services provided in Hawera
- Ambulance Services to Hawera or Base Hospitals
- Access to GPs
- Maternity Unit
- Palliative Care
- Hawera Hospital

The hospital is valued for a number of reasons:

- A&E
- In Patient Care
- Maternity
- Emergency Department
- Ambulance Services
- Palliative Care

Accident & Emergency

The provision of a 24 hour Emergency Department in Hawera is valued as it is too hard on families and patients to have to go to Base Hospital due to the financial implications and stress. Having A&E onsite to stabilise patients is important.

“The inpatient ward at Hawera hospital is valued and run by staff who treat patients as individuals and not numbers. An excellent outpatient’s service is valued where specialists can be seen.”

Having on-site A&E Services, Hospital and Maternity Services, Laboratory and Blood Services, District Nurses, diabetic advice and counselling, X-ray Services, and a canteen for visitors and staff is valued.

“This level of service is what needs to be maintained for a fully functioning hospital.”

Due to the farming and industrial nature of South Taranaki many cohorts of the community feel that it requires an Accident and Emergency Services to enable these businesses to feel comfortable employing staff in this area.

“Emergency response, being able to visit and maintain contract, in a farming district, if someone has an accident on a farm they need the emergency. It’s busy and full of people who need emergency care.”

Services Provided Locally

The provision of services in a local setting is important and valued, where *“care is provided by local people with local knowledge”*. The local inpatient services provide access without travel and is staffed with *“dedicated professionals”* in Hawera. The reason why access to services without travel is valued and important is that the shuttle bus is essential *“but not accessible to all ages”*.

“Inpatient wards are invaluable for families and friends of patients”

“Services are delivered in our local hospital and travel to Base Hospital is reduced”

Access to GPs

Good access to GPs and Practice Nurses in the smaller practices with one (or two) GPs. This provides timely care with good continuity of care.

“Good access to GPs and practice nurses in the smaller practices with one or two GPs. This provides timely care with continuity.”

“I have heard nothing but praise for the doctors at Patea. They are thorough and sincerely care. The only downfall is that it is so busy it takes time to get into the clinic.”

In Hawera in particular access to GPs is an issue, where people are happy with the care and the model of care, but accessing this care is difficult.

“Happy with the model, practice nurse, physiotherapy, chemist, Doctors are good, the shortage of Doctors means too long a wait time, you need to book doctors 3 weeks in advance, can't fault the staff”

Maternity Unit

Having a Maternity Unit in Hawera *“allows family to be a part of the birth”*. This is important to the South Taranaki Community where they are happy to go North if there are complications or this is required. Being able to have their baby in the South, receive visitors, recover and travel less helps families and whanau with other children and without access to transport.

“The Maternity Unit in Hawera is nice, rooms are nice, compared to Base Hospital this is high quality. Get personal care, more supportive, they give you time.”

“If there are complications go to New Plymouth causing stress on baby and family due to not having an obstetrician in Hawera.”

“Great access to Hawera hospital maternity unit and the only local GP Obstetrician L.M.C to back up independent L.M.C midwives in emergencies which saves TDHB thousands of dollars in unnecessary ambulance and helicopter transfers to Base.”

The free maternal care which is available helps family and whanau to have midwife care. GP access for children under six years is free, this care helps mothers and families/whanau getting children ready to go to school and receive all the checks which they require.

Palliative Care

“Having Palliative Care and geriatric services is important in Hawera. Having these services in Hawera is important for Older People to age as close to their home as possible”.

“Great service from Hawera inpatient ward especially for elderly”

Hawera Hospital

The Hospital is valued for a number of reasons:

- A&E
- In Patient Care
- Maternity
- Emergency Department
- Ambulance Services
- Palliative Care

“A patient centred local facility for services not needing specialist and/or hi-tech care. “

“Hospital we want that to stay there”

“Important for the wellbeing of Patient and family”

Maori particularly value a local facility enabling whanau support necessary for holistic health care.

“If taken away [the hospital] there would be nowhere to go, they would have to ring an ambulance.”

“The Hospital is a necessary as a first step and then go either north or south.”

“our local hospital employs local people.”

“They feel secure in Hawera, as it is close to home and family and friends can visit more easily. They also feel they receive better care than at Base.”

“Security monitoring the emergency department, excellent local service, and local staff knowing patients needs. Base don’t seem to know as much and if you ring you are just passed from one person to another.”

Ambulance services (to Hawera or Base Hospital)

The ambulances are valued by all communities in South Taranaki as they serve as a lifeline and make it possible to have access to acute emergency response. This is especially true in rural areas and towns.

“They [ambulance services] are treasured by the community and generally much appreciated travel out of town is expensive and not always possible.”

Specialists Services Provided in Hawera

The provision of specialist services in Hawera is valued by everyone. It reduces travel requirements and provides local services in a local facility. Community members would like to see more services provided from Hawera on a monthly basis to reflect the number attending services from South Taranaki.

“Specialists coming to Hawera, make it much easier than travelling.”
“Treated well in Hawera, cared for well by the staff.”

Mobile bus services are valued and these were referred to around wishes for further provision of services in rural areas and towns in South Taranaki. The mobile services are valued because they allow services provided with the least stress, hassle and cost incurred by the local population, who are elderly, low income and in employment.

Access to transport to attend specialist appointments in New Plymouth is valued *“the bus service is essential it goes from 7.30am from Patea and 12.30pm from Hawera”*.

While this is valued, the appointment management does not consider travel times. Doctors making appointments often help to smooth this issue *“if the Doctors organise specialist appointments to make it easier. Local medical centres give you more choice”* this is not ideal.

Community Services

The Waverley Community value community services such as Waverley Standby, Waverley Health Watch and the new Waverley Health Clinic.

What Do Patients and Community Members Dislike About Current Services and Why?

Summary

- Difficulty of Current GP Access
- After-hours or Emergency Services
- Doctor Dominated model
- Access and Provision of Services
- Wait Times
- Dental
- Appointment Management at Base Hospital
- Maternity Care
- A&E
- Racism in the Health System
- Uncertainty for Health Staff

Difficulty of Current GP access

The long waiting times to access GP services and primary care is the most significant issue and dislike communicated. There is a two to three week wait to see a doctor in Hawera even if this is not the preferred doctor. People also have to see a different doctor every time which creates a lack of continuity of care.

“The TDHB’s failure to retain and attract appropriate health care professionals, particularly enough local GPs, midwives and medical officers.”

“At Southcare and Ruanui health centres there appears to be a lack of continuity of patient care and a serious shortage of qualified GPs. As a result patients end up at Hawera hospital in a worse state. “

Doctors lists are full, waiting times are long, so the options are emergency walk-in clinics or A&E.

“Doctors list is full so [new] people have to go outside of town for a doctor.”

As a result, the community is travelling around South Taranaki to access primary health care.

“Going to New Plymouth or Patea from Eltham to go to the doctor. People have to travel to the extremities of Taranaki to get to the doctor.”

The current system of the rotation of Doctors, and high regular turnover affects all members of the community. The primary issue is the break in a care relationship, affecting continuity of care and forcing people to retell their health story, affecting older people. Also affected is the quality of care as a result of changing physicians so regularly.

“The TDHB’s failure to retain and attract appropriate Health care professionals, particularly enough local GPs, Midwives and Medical Officers. “

Many community members from different communities commented about the issue of changing doctors and have medicine or treatment change as a result without any change in health outcomes.

“Different Doctor Different lollies.”

“Different doctor different medicine.”

“Different doctor different approach.”

This difficulty to work up a relationship and work up a medical history was pronounced in the larger practices where this was most apparent. Also having foreign doctors provide three month rotation is not working. They lack cultural awareness, knowledge of the Iwi, their language skills are unsuitable and it makes developing relationships very difficult.

*“Foreign Doctors coming in 3 month rotations doesn’t work for our older people”
“Doctors need to speak better English.”*

“Want doctors with Kiwi accents.”

After-hours or Emergency Services

The mix of emergency and inpatients at night is hard for staff to keep a quiet environment. The problem is that there are over worked staff and low staff numbers. People are being turned away from the Emergency Department or being made to feel they are an inconvenience.

“People need to feel comfortable in approaching staff members for help.”

“Walk-in clinics are also not the answer as the doctors won’t have all the medical notes for the patient.”

If there is something such as a communicable disease or sudden illness a family have to see the Emergency doctors which takes one or two hours wait versus two weeks wait. However, if money is an issue, families go to the A&E over the GP.

Families and whanau who bring children to the A&E afterhours have recounted substandard care which led to further hospitalisation as a result. The long waits at Accident and Emergency is an issue which is contributed by the lack of afterhours GP services.

Doctor Dominated Model

There is a suggestion that we are too dependent on doctors which causes a bottle neck in terms of accessing care at all levels. Currently the Doctor is at the centre and needs to be in charge, but with a whanau ora approach, certain things don't require a doctor. The proposal is that if the doctors shared resources with nurse led practices in communities, this would increase the access to basic primary services.

“Hands are tied, the nurses should be able to do more, the long wait time for appointments is terrible”

“Nurse led clinics are not the answer, they should be working directly with the GP and the patient, coordinating care resulting in continuity of care. The doctors know the patients and their problems”

Access and Provision of Services

Provision of services on the borders of South Taranaki is an issue. Services often do not pass Hawera coming North or South to service these communities. Diabetes and Asthma Services do not travel South of Patea, or reach Opunake. There was a lot of discussion that the TDHB need to provide services to all its population and be aware of its boundaries geographical responsibilities.

“Diabetes, Asthma and older people services, there are no services on the Coast. Old People suffer a lot here.”

Wait Times

Waiting times for Specialists and surgeries are too long. Surgeries being cancelled and requiring patients to re-book was heavily criticised as these surgeries were for elderly people. The implication was made that surgeries for the elderly get deferred in the hope they will die before it is due.

“Taking people off surgery list and making people reschedule.”

“The waiting for appointments can be quite long.”

Dental

There is not enough outpatient time given to the Dental Department. The Dental needs for the financially disadvantaged are great in the South Taranaki Community.

“The centralised booking system does create some problems especially in the Dental Department and this doesn't contribute to time efficiency.”

Appointment Management at Base Hospital

Every group engaged with mentioned the issue with the management of appointment times to access Specialist Services at Base Hospital. The issue with firstly having to travel to Base for appointments which could either be scheduled on the same day instead of days apart or could be scheduled at more appropriate times to allow for the hour plus travel time from South Taranaki.

“People are not given appointments suitable for them; they should have the right to manage their own appointment time.”

Also, the need for face to face appointments were questioned when a phone call or Skype call could be as appropriate depending on what is required.

“New Plymouth services don’t comprehend that people live far away. Appointments that could be booked in Hawera are booked in New Plymouth.”

“Sometimes a phone call would be more appropriate than having to travel to New Plymouth.”

It is felt that appointments are not booked with consideration to either hospital bus times or the location and travel burden of the patient. Also appointments are booked at Base which could be booked at Hawera.

“Having to travel to Base for appointments that are not needed, plus [they] do not take into account the cost of petrol.”

This is a simple issue but causes undue stress and anxiety on the South Taranaki Community. It is felt that appointments are made to suit doctors not the community.

“A specialist should travel to Hawera to see several patients rather than many people travelling. It would save fuel and carbon pollution.”

Booking appointments which do not coincide with the shuttle bus service is difficult for elderly people to manage. They end up having to spend the day at Base Hospital because of their appointment booking time. This is uncomfortable and costly and adds more stress on their condition.

“The number of trips required to TDHB are untimely and disjointed”

“Scans and blood tests can and should be done in Hawera, currently people have to travel to New Plymouth to do them. This is an issue with pregnancy where partners want to come, they have to take the day or half a day off work to travel to the appointment“

Maternity Care

Midwives have to travel to the Coast which makes access to Maternity Care problematic in Opunake and people have to travel to access Midwives.

In terms of the Maternity Care there are some dislikes quoted in the section below.

“We need a room where dads can stay overnight.”

“You are kicked out of hospital after 2 days, young parents from Base Hospital. Young parents need more support.”

“DHB should promote services in the coastal news.”

You have to fight

“Peace of mind that you are getting the best care possible, that your health care is the utmost important factor in your road to recovery.”

“Having access to all services your entitled to without having to go through the ropes to get them and good follow up.”

“You have to fight to get good treatment.”

A&E

A&E wait times are too long and there is a dependence on doctors when nurses could do it. There is a sense that patients are left, after stabilising them, for too long while ambulance patients get seen immediately.

“To get into A&E, it is better to call an ambulance”

“Take A&E stabilised out of wards”

“If the Dental service going to the A& E department, this is going to cause problems.”

Racism in the Health System

Racism affects how people are referred and treated in health services. Maori communities felt that there was racism in the current health system.

“If your darker than white, the attitude is different to Maori, they get different services”

“acknowledgement is different”

“judgements are made”

As a result of this racism perceived by Maori, their people become frustrated with the system and being treated differently.

“Racist attitudes affect care provision. Our people sit there and sit there, they need attention.”

Uncertainty for Health Staff

“Staff are very affected by the changes in the hospital and the uncertainty of their future. They leave when possible.”

“The inability to trust TDHB management because of lack of commitment to retain services and Hawera hospital, uncertainty for both the public and staff because of constant reviews and service curtailment in the South, no locally based Hawera hospital manager, the predictable ‘mitigation’ / excusing / covering up and even bullying management response to criticism of TDHB services and reducing medical workforce in the South, as well as no interest in public input e.g. The unrealistic time frame for this questionnaire!”

“There is a constant threat to Hawera services which is very stressful as a patient.”

Is Anything Missing from Current Services Options that the Community Would Value?

Summary

- Better Primary Care
- Services Extension in Hawera
- Better Access to Specialists
- Mental Health Services
- Service Design and Development
- Personal Care Management
- Advocates for the elderly
- Elder Care Services
- Meals on Wheels

Services suggested to provide or increase

- Quality child psychologist.
- Mental health services / counselling services
- Maternal Mental Health support
- Services for new mothers and whanau
- Services for people with asthma and disabilities (Patea)
- Support with quitting smoking
- Family planning – sexual health clinic
- Medical alarms are needed for people who live alone
- Dental health bus gone. Dentist in Waverley for children

Better Primary Care

- More timely GP appointments
- Better access to services in the South, through mobile and locum services
- Better triage system and earlier contact for new referrals to specialists
- Better GP access and longer GP contracts
- Bring back the family GP
- Better timely GP access to appropriate modern investigations such as CT, MRI, Ultrasound etc for their patients (reducing inappropriate use of ED, Inpatients etc)
- South Health Service Directory
- Health service maps for each community

“Mixture of good primary health care with technology specialists meetings, use broadband more. Report sent directly, regular self monitor able e.g. CT Scans”

“South Health Service Directory – documenting services and support available, if processes changes, inform the public.”

“Provide patients with the ability to manage care and allow people to have an active role in their health.”

Services Extension in Hawera

- More specialists coming to Hawera OPD instead of having to travel to New Plymouth
- Receiving appointment when deemed necessary

“When a doctor requests a second appointment with a patient in 2-3 months it actually takes 6-9 months to book the appointment.”

- Continued promotion of what services are available at Hawera hospital. Not sending people to New Plymouth unnecessarily
- Better access (via GP referral) to psychologists
- Quicker access to First Specialist Appointments, perhaps by using Registrars for follow-up reviews and discharging GP type patients
- Improved surgical services in Hawera to save going to New Plymouth
- Do what you can do or provide in Hawera if possible such as scans, appointments, blood tests *“don’t fob us off and us to drive an hour to New Plymouth”*
- Hospital front desk does not point you in the right direction, Kaiawhina Denise Smith, not promoted enough
- Reminders of appointments from hospitals
- Provide South respite and recovery accommodation

Better Access to Specialists

- Better access (via GP referral) to psychologists
- More local Specialists in the South
- Quicker access to first Specialist appointments, perhaps by using Registrars for follow-up reviews and discharging GP type patients
- More doctors locum in Eltham, twp days per week
- Maori health services in Manaia

“If you go to Ruanui you can’t access South care in Manaia – but Ruanui don’t come to Manai”

“Locum Doctors – Kaumatua are forever repeating themselves changing medicine.”

Mental Health Services

- Crisis teams and mental health services for the South
- Alcohol and Drug Services are required
- Proper follow-up from the DHB when mental health clients are released with local service providers

“Mental Health Services are not adequate; there is a lack of A&D services in the South. Mental health Emergency, - response time is hours, we need adequate health services in the South, By the South. We need access to a crisis team 24/7”

“We need more authority in Hawera to manage contracts like this”

“People need to be respected and treated well”

“Better deal for people with mental health. Develop a local crisis team for the South”

Service Design and Development

Stop designing services and start working for community outcomes and change the approach to community health and wellbeing. Instead of providing services in silos, work with the services and the agencies to achieve shared community outcomes. Take a Whanau Ora approach and design services and responses to health needs accordingly. Invest in the communities themselves and give them resources to address health goals and outcomes.

“The demographics needs to steer service design.”

“Should put more emphasis on providing services according to the rights declared in the posters.”

“In Nga Ruahine there are very little health services for Nga Ruahine compared to Ngati Ruanui”

“Nga Ruahine should be included in consultation around contracts.”

“There is a big gulf between Manaia and Opunake, not included in the Splice Project”

Personal Care Management

“Use Skype or video conferencing to provide consultations with nurses or arrange visits.”

“Provide more independence and use of more technology along with primary care, allowing people to manage their care more. Create a Skype room to allow specialists meetings via Skype.”

“Would prefer face to face appointments as opposed to email. Would like to have an appointment within the timeframe the doctor suggests, which is currently not possible.”

“Email consultations with nurses organising repeat prescriptions can be very dangerous if the GP is not personally involved. There are also privacy laws to consider as well as IT access to patient notes. Need better access to local urgent specialist assessments.”

Advocates

Advocacy is required to support older people and Maori males to access doctor’s visits and consults. Suggestions have come from many groups asking if there could there be a local health support person to help the person who is being seen, sit in on the consult, understand their condition and explain the doctor’s instructions afterwards.

“To interpret doctor’s x-ray, reading the letters, give people information about benefits available, they don’t tell you if you don’t ask.”

“Someone to explain who they know and understand”

“The elderly need support with information on how to access services they do not know how to go about getting it.”

“Need someone to talk with older people and explain to them and tell you what to expect, what services are available.”

Advocacy for Kaumatua and Maori males to help them navigate the services, get access to ACC where this is due would help access to services for vulnerable and isolated groups.

Elder Care Services

- A suggestion from Patea was that they hold monthly information sessions for older people, where services are explained in plain language and basis issues affecting older people. This even would be arranged by someone from Patea for the Patea community.
- Information pamphlet regarding services and their availability for Waverley would be great.
- Provide follow up for older people leaving hospital. Currently there is no follow up to check on them or know that they are okay.
- Stop discharging older people from hospital late at night with no transport available expecting them to travel to South Taranaki. *“I got home in the laundry truck at 11pm at night.”*
- Need more presence, collaboration and cooperation from the NASC - the previous service seemed to care. Since Access Ability changed to the NASC, they do not come to Patea to access their cases.

“People, elderly do not know what is available and the NASC have taken the representation away”

- Provide training for Caring Services staff providing aftercare services to patients
- Reduce the gap between Hospital and at home care. Currently there seems to be a ‘gap’ between hospital care and ‘in home’ care patients sent home to cope on their own for several days before home care starts.

“This length of time being left alone, after leaving hospital is not accessible for older people.”

Elderly Friendly Services

- Reminders of visits
- Meals on Wheels in Waverley – loss is a great hardship
- Medical alarms for elderly – suggested by each community

Services Suggested to Provide or Increase

- Quality child psychologist
- Mental health services/counselling services
- Maternal Mental Health support
- Services for new mothers and whanau
- Services for people with asthma and disabilities (Patea)
- Support with quitting smoking
- Family planning – sexual health clinic
- Medical alarms are needed for people who live alone
- Dental health bus gone - Dentist in Waverley for children
- Meals on Wheels has gone. Contract closed because Health Board did not pay the service directly, gave to clients who did not pay. Once you lose this you lose the organisers and volunteers and it becomes difficult to rekindle
- Need it when people have to go to hospital more and more it gets slack checking on people
- Diabetic Educator will not pass Patea, Arthritic and Foot Doctor, very important for older people. A lot of diabetics in Waverley have to travel to Whanganui.

What do the Community Think is Important for Future Services provision?

Summary

- GP Services
- Focus on Primary Health
- Specialists Services
- Devolving Contracts to the South Taranaki
- Community Based Ambulance and Emergency Services
- Keep the Hawera Hospital for the following services:
 - A&E
 - Blood Lab
 - Scans
 - Maternity
 - X Rays
 - Overnight recovery
 - Minor ailments
 - Residential
 - Operations
 - Ambulance Service

GP Services

“Far and away the most important identified goal is the need to improve the number and quality of local GPs. The TDHB can ensure this happens by maintaining rural status, ensuring all GP registrars work in the south (not New Plymouth), that the path to Vocational Registration is supported and that once qualified (Vocationally Registered), GPs are valued and not abused.”

- Focus on providing more GPs in South Taranaki
- Design services so there is better and faster access to primary care
- Manage longer term GP contracts
- Kaupapa Maori primary health services

Focus on Primary Health

- Affordable, accessible and reliable GP access
- Earlier access to health services
- Focus on good quality, accessible primary health

“Leave the high tech equipment to Waikato and New Plymouth, not economic”

- Assessable and reasonable health system
- Decrease the wait times
- Increase the consistency in management of cases
- Linking all Doctors and GPs together for efficiency
- Cheap and free services offering low costs across the population
- More local services so there is a reduced need for travel

Mental Health Services

A better approach to Mental Health and Crisis in South Taranaki which includes more Alcohol and Drug services.

“We have to consider Crisis Management and support for clients, support for service providers, crisis support from New Plymouth is not sufficient. A case in Waverley it took 3 hours to respond.”

A suggested model is to create a crisis team together for the providers in the South and have an appropriate proportion of the contract come to the South. This could be managed within the organisations. Sufficient level of qualifications and assurance of service provision would have to be provided.

“People need to travel in both directions for CAMs teams. Discharging patients and not linking with local organisations is not right.”

Specialists Services

- More locally provided chronic care service provisions
- Mobile Services around South Taranaki
- More locum services travelling to the South Taranaki community
- Better access to Dental Surgery for lower socio-economic groups

Devolving Contracts to South Taranaki

Devolve contracts to the South to provide for the South Taranaki community. Provide the resources to the South to allow it to provide essential and primary health services in the most appropriate manner and effective method possible.

Keep the Hawera Hospital

“Hawera Hospital services are always under threat – are we paying for building a super hospital at New Plymouth? Need a commitment that we won’t lose any more services. That the remaining Hawera hospital services be continued and improved so that unnecessary travel is not needed.”

“Increasing day care surgeries”

“More frequent visits by the Surgical bus - when it first started the visits were much more frequent which allowed for reduced waiting lists for dental treatments, especially for the children.”

“Long term assurance of Hawera hospital and its future. There is an amazing strength amongst the staff at Hawera hospital although you can sense the uncertainty of staff jobs.”

“Better staffing at Hawera Hospital (Medical Officers, nurses, midwives and visiting specialists) with a commitment to ensure a viable local community hospital.”

Keep the hospital for the following services:

- A&E
- Blood Lab
- Scans
- Maternity
- X Rays
- Overnight recovery
- Minor ailments
- Residential
- Operations
- Ambulance Service

“Maintain the hospital and clinics that exist and keep a good cover of nurses for these.”
“That Hawera does not lose anymore services, we need and deserve security. There needs to be 24hr access to immediate care.”

“The taking away of outpatient clinics is not good as this means they have to go to Base, often getting there is a problem as it will mean getting transport that co-insides with the appointment. This increases waiting times for the appointment.”

“Better staffing at Hawera hospital (medical officers, nurses, midwives and visiting specialists) with a commitment to ensure a viable local community hospital.”

Community Based Ambulance and Emergency Services

The community based ambulance and emergency services are paramount for small communities in rural areas, these cannot be lost.

Quotes

“Services which are accessible and within reach – keep Hawera going”

“Maintain the personal aspect of healing”

“Continue the tiers to access the health system”

“Everything should not centre on one building, use technology to enable local health access”

“Buildings don’t repair broken legs”

“Will we get better service from the \$80million being spent. 80million should go to reducing the wait times over 10 years.”

“Our health would improve with better access and shorter waiting lists”

“Staff investment is more important”

“Maintain what we have got”

“Hawera does a good job assessing and deciding what needs to be done, New Plymouth need the specialists”

“Retain what we have got”

2.1 Collation of Consultation from each area - Areas – Opunake, Eltham, Kaponga, Normanby, Manaia, Patea, Waverley and Hawera

The following section presents the information received from each of the eight towns in South Taranaki.

Opunake

What factors about the delivery of health care are important to the Opunake Community?

Summary

- Cost
- Ability to make an appointments
- Wait times – Takes two days to make a GP appointment
- High turnover of GPs
- Travel for any Specialist services or ACC Injury – lack of physio appointments
- Access to care and medicine – In Opunake there is no chemist to get medication
- No after-hours care, GPs Emergency Services
- Dependence on Volunteer Ambulance
- Emergency Ambulance – getting this is difficult, have to wait

What does the Opunake Community value about current services and why?

- Being able to access health services in New Plymouth “*bigger and better*”
- Having the medical Centre there is important and being able to access a GP.

What do patients and community members dislike about current services and why?

People are taking their medical needs somewhere else due to the time required to wait for an appointment and also the level of service available. The Health Centre needs repair and attention. People are travelling across Taranaki to access basic health care, to get better services.

“That’s why from Opunake I go to Stratford” Got to go to New Plymouth or Manaia to get medication” “If you have a child sick you go to New Plymouth if you can”

“3 years ago trust medical Trust started. Now need is getting more desperate”.

For new families and whanau, there is difficulty accessing Midwives, where only one midwife will travel to Opunake. Opunake communities would prefer to travel to New Plymouth for Birthing, and the current experience is that fathers need to be able to stay overnight, especially where women have had caesareans, to help with baby and feeding. For communities who are more isolated and live a long way from the centre more information is required at delivery maternity and more attention to these mothers and families. There is also an objection to being “*kicked out of hospital after 2 days*” especially for young parents who

need more support. In terms of service provision and access to services the general feeling is that *“the coast gets forgotten”*

Is anything missing from current services options that the community would value?

The Opunake Community would like to access health services in New Plymouth from Opunake such as Specialists rather than in Hawera.

The TDHB should promote services in the Coastal News.

Services for the following are missing from the Coastal Community:

Service needs include:

- Mental Health needs
- Child wellbeing and sick babies
- Diabetes and Asthma
- Sexual health and education needs for youth
- Services for older people services, *“they suffer a lot here”*

What do the community think is important for future services provision?

In terms of future services there are three priorities

1. Accessible Primary health through the Medical Centre
2. Travelling or Mobile Specialists
3. Ability to access New Plymouth services over Hawera

“Want access to service in New Plymouth from Opunake, rather access services specialists in New Plymouth rather than Hawera.”

Eltham

Summary:

- Cost of health care is an issue for the community
- Wait time for GP and specialist is too long
- Accessibility of health services is an issue
- Communities want local accessible affordable GP
- Communities need quality health care

What factors about the delivery of healthcare are important to patients and the public?

- Cost of GP visits
- Wait time for a GP visit
- Accessibility of GP and specialist care

“Peace of mind that you are getting the best care possible, that your health care is the utmost important factor in your road to recovery”

“Having access to all services you are entitled to without having to go through the ropes to get them and good follow up.”

What do Patients value about current services and why?

- Local accessible affordable GP
- Quality health care

What do patients and community members dislike about current services and why?

- Waiting time to see a doctor, not able to see a doctor for something like a sick cert is an issue, or make an emergency visit to the doctor.

“Happy with the model, practice nurse, physiotherapy, chemist, Doctors are good, the shortage of Doctors means too long a wait time”

- Cost of doctors
- Availability of care, if the doctors list is full new people have to go outside of town for a doctor. People are travelling to New Plymouth or Patea from Eltham to go to the doctor.

“People have to travel to the extremities of Taranaki to get to the doctor.”

What to the community think is important for future services provision?

- Permanent Doctors
- Accessible Health Care

Kaponga

Summary

- Wait times for GP visit
- Lack of continuity of care due to rotation of GPs
- Appointment management for specialist services in New Plymouth is inconvenient
- Travel burden put costs of services in New Plymouth back on the South Taranaki Community
- Specialist visits to Hawera is positive
- Hospital is vital for the South Taranaki economy
- A&E Department is essential for farming community
-

What factors about the delivery of healthcare are important to patients and the public?

Wait times for GP visits, to access Southcare there is a three weeks wait. Difficulty to work up a relationship and work up a medical history with different GPs every visit.

Inconvenience of having to travel to New Plymouth for multiple appointments for the same procedures being scheduled on different days requiring multiple visits to New Plymouth.

Distance from services and waiting time is an issue *“when we seek care the time is “months and months of waiting”*

Having specialists available in Hawera, is important for older people accessing services.

What do Patients value about current services and why?

- Lucky to have the emergency doctors and be seen by someone.
- Specialists coming to Hawera is a great service.
- Having the Hospital *“we want that to stay there”* our local hospital employs local people.
- Emergency response, able to visit and maintain contract,
- In a farming district, the A&E accident on a farm need the emergency. Its busy and fill of people who need emergency care,
- The maternity unit allows family to be a part of the birth.

What do patients and community members dislike about current services and why?

- *“You have to fight to get good treatment”*
- *“Taking people off surgery list and making people reschedule”*
- Shortage of Doctors, nurses, long wait for GP and Specialists
- High turnover of GPs resulting in discontinuity of GP care
- Transfer of costs back to the community
- Consistency taking blood pressure and checking heart at the GP, checking vitals should be standard.
- Not able to get two prescriptions per visit, if there is more than one thing wrong have to make another appointment.
- *“you need to book doctors 3 weeks in advance” “Can’t fault the staff”*

Is anything missing from current services options that the community would value?

“Happy with the Structure, always have to worry as to what they will do”

“We need an efficient A&E workforce at Fonterra and Yarrows, lots of people working having accidents”

“Keep our ambulances”

“One Stop shop doesn’t seem to have resulted in better service”

What do the community think is important for future services provision?

“Need the hospital, so sneaking services away to close it later”

“We need a proper working hospital”

“If you do close the hospital it will impact on the South Taranaki Economic base, where money will go north with patients and families”

“The hospital is practically brand new, why build something now and then close it, be committed to the maintenance.”

“Hospice Room is very important for families”

Normanby

Summary

- GP waiting times
- Availability of services in Hawera is an issue
- GPs requiring families and whanau to make multiple visits for the same problem is not appreciated
- Appointment management for services in New Plymouth
- Hawera Hospital is important, A&E and Maternity are important
- Lack of integration of Ngati Ruanui and South Care is an issue
- Need more specialists available in Hawera

What factors about the delivery of healthcare are important to patients and the public?

Summary

- Being able to get an appointment in a timely manner
- Availability of GPs

*“We have to wait 2 weeks to make an appointment.”
“Emergency care is the other option; this takes 6 hours on average.”*

What do Patients value about current services and why?

- Free maternal care – easily available, helps family and whanau to have midwife care
- Maternity unit in Hawera is nice, rooms are nice, compared to base Hospital this is high quality. Get personal care, more supportive, give you time.
- Specialists coming to Hawera, make it much easier than travelling.
- Under six years free care is great.

What do patients and community members dislike about current services and why?

- Two to three week wait to see a doctor, even if not preferred, see a different doctor every time, lack of continuity.
- Lack of integration between South Care and Ruanui
- Health care is still expensive without insurance
- Having to make multiple doctors visits for one family
- Having to travel to New Plymouth for scans and blood tests when they could be performed in Hawera, travel time and disruption experienced.
- Cost of Ambulance
- A&E wait time. Dependence on Doctors when nurses could do it

Is anything missing from current services options that the community would value?

- More local specialists in the South
- Personal Doctors family Doctors
- Do what you can do or provide in Hawera if possible such as scans, appointments, blood tests

What do the community think is important for future services provision?

- More Doctors available or Nurse Practitioners
- Assessable and reasonable system
- Decrease the wait times
- Increase the consistency in management of cases
- Linking all Doctors and GPs together for efficiency
- Keep the hospital for the following:
 - A&E
 - Blood Lab
 - Scans
 - Maternity
 - X Rays
 - Overnight recovery

Manaia

Summary

- Access to GPs
- Rotating GPs affects continuity of care
- Transport to services is the most important factor for access especially for older people
- Mobile services would be helpful
- Clinical Staff in Manaia is preferable
- Hawera Hospital is important and the services which are provided

What factors about the delivery of health care are important to patients and the public?

- Transport is more and more important to access health care
- Older people need the transport and need the services of the doctor and specialists to be accessible
- Travelling health services and specialist services would be useful
- Information about services - communities need information about services and what is available
- Having clinical staff in Manaia, otherwise we have to go to A&E, cost and distance are the barriers

What do patients value about current services and why?

- Triumph Services – enable monthly checks, wonderful services, cuts down waiting time
- Reminders of visits
- South Care Frontline is excellent
- Specialists visits in Hawera
- Hawera Hospital – having A&E

What do patients and community members dislike about current services and why?

- Locum Doctors – Kaumatua feel like they are constantly repeating themselves and having their medicine changed every time they change a doctor.
- Doctors require multiple visits which is adding an extra burden on Maori and Rural Communities. Requiring multiple whanau visits for the same issue.
- Prefer to have medical and health care resources in the community to respond quickly which would be an efficient use of resources, instead of doctors hogging medical supplies. Providing medication in advance, prevention management. Currently the Doctor is at the centre and need to be in charge, but with a whanau ora approach, certain things don't require a doctor. If the doctors shared resources with nurse led practices in communities, this would increase the access to basic primary services.
- Hospital front desk does not point you in the right direction, Kaiawhina Denise Smith, not promoted enough.
- If you go to Ruanui you cannot access South Care in Manaia – but Ruanui do not come to Manaia

- Racism, which affects how people are referred and treated in health services *“If your darker than white, the attitude is different to Maori, they get different services”*
“acknowledgement is different” “judgements are made”

Is anything missing from current services options that the community would value?

- Advocacy for Kaumatua and Maori males – to navigate the services, e.g. to get access to ACC or to interpret doctors x-ray, reading letters from specialists. An advocate could give people information about benefits available
- Better after-care service – elderly people leaving hospital have no follow up. Older people are constantly being discharged from the hospital late at night with no transport. *“I got home in the laundry truck at 11pm at night”*
- A South Taranaki Health Service Directory – documenting services and support available, if processes changes, inform the public
- Kaupapa Maori Well Child Provider services available in Manaia

What do the community think is important for future services provision?

- Mental Health Services are not adequate; there is a lack of A& D services in the South. Mental Health Emergency - response time is hours, adequate Mental Health Crisis services are required in the South.

“Should put more emphasis on providing services according to the rights declared in the posters”

- In Nga Ruahine there are very little health services for Nga Ruahine compared to Ngati Ruanui. Nga Ruahine should be included in consultation around contracts. Contracts come to Iwi with services, no extra investment in Ngati Ruanui

“There is a big gulf between Manaia and Opunake, not included in the Splice Project”

Future Services Provision

- a) Hospital – keep it
- b) Retain what services we have got
- c) Devolving health service contracts to South Taranaki
- d) Longer Term GP contracts
- e) Doctor or Nurse Practitioner stationed at Manaia
- f) Contracts come to Nga Ruahine

Patea

Summary

- Availability of Specialists and Specialist services such as cancer screening
- Not enough doctors and specialists. Financial help is needed in order to access services in other regions
- Waiting times to access GP and specialists services
- Transport to access services outside of Patea
- Ease of access into secondary services
- Doctors who do home calls. *“They are the rock of the community.”* This must be maintained
- Cost is very important to the community
- The elderly need support with information on how to access services – they do not know how to go about getting it
- Appointment management for services in New Plymouth
- Medical alarms are needed for people who live alone
- Mental Health Crisis Team is required in the South
- Ambulance Services is essential
- Hospital provides essential care, accident and emergency and recovery care

What factors about the delivery of health care are important to patients and the public?

- The availability of Specialists and Specialist Services such as cancer screening is important. There are not enough Doctors and Specialists available. Financial help is needed in order to access services in other regions. *“Specialist treatment of 10-12 year olds only when paid by private system.”*
- Timeliness to receive appointment availability e.g. a 2-3 month old child should be seen as soon as possible.
- People generally have a low expectation of the health care system; they feel the system is closed to them. Therefore they give up and have low esteem and morale.
- Waiting times to access GP and specialists services and access to GPs in Patea is an issue. Transport to access services outside of Patea and the ease of access into secondary services affects access to services.
- The effort and dedication of staff in the medical centres and doctors who do home calls. *“They are the rock of the community.”* This must be maintained.
- The cost of medical care is very important to the community. The elderly need support with information on how to access services – they do not know how to go about getting it and medical alarms are needed for people who live alone.
- Appointment management for services in New Plymouth – appointments are at inconvenient times e.g. too early. New Plymouth services do not comprehend that people live far away. Appointments that could be booked in Hawera are booked in New Plymouth. This is difficult for elderly people to manage. People are not given appointments suitable for them; they should have the right to manage their own appointment time.

What do Patients value about current services and why?

- The Hospital Shuttle bus service is essential between Patea, Hawera and New Plymouth
- GPs – people making appointments should consider travel times. Doctors organise specialist appointments to make it easier. Local medical centres give you more choice. If taken away there would be nowhere to go, they would have to ring an ambulance. Hospital - necessary as a first step and then go either North or South
- ED and A & E
- Ambulance Service
- Residential aspect – visiting family when cannot get to New Plymouth or do not have a vehicle
- They are treated well with service providers who are friendly and there are excellent health centres
- There is sufficient transport by shuttle to Hawera and New Plymouth hospitals
- Specialists come to Hawera and do consultations at the Patea Health Centre.
- Maternity Unit in Hawera is valued. Patients would like to see the mobile surgery in Hawera made available to Patea and Waverley.

What do patients and community members dislike about current services and why?

- For an elderly person managing appointment is difficult
- People have a right to manage appointments times
- Mothers being moved to New Plymouth due to complications
- Difficulty in access
- Waiting times
- GP turnovers
- Lack of doctor-patient relationships and long-term family doctors
- Lack of services especially for youth under 18. In Patea the youth nurse is not fulfilling youth health needs
- Ngati Ruanui – on their list to access their services but the limited roll leads to large wait times.

Is anything missing from current services options that the community would value?

- Quality child psychologist
- Mental Health Services / Counselling Services
- Maternal Natal support
- Services for new mothers and whanau
- Services for people with asthma and disabilities (Patea)
- Support with quitting smoking
- Family planning – sexual health (Patea)
- Yoga and fitness
- Medical alarm for people living alone
- Advocacy to support older people to access and use the doctor, could there be local health support person, help the person who is being seen

“Explain to the person they know and understand”

Crisis support from New Plymouth is not sufficient. For a particular case in Waverley it took three hours to respond. Service providers in the South need to work together to get a crisis team together for the South and receive a proportion of the contract come to the South. This could be managed within the organisations. People need to travel in both directions for CAMs teams. Also the discharging of mental health patients and not linking with local organisations causes problems.

“We need access to a crisis team 24/7 we need more authority in Hawera to manage contracts like this”

Proper follow Up is required *“People need to be respected and treated well”* *“Better deal for people with mental health.”*

“Services which are accessible and within reach – keep Hawera going”

“Maintain the personal aspect of healing”

“Continue the tiers to access the health system”

“Everything should not centre on one building, use technology to enable local health access”

“Leave the high tech equipment to Waikato and New Plymouth, not economic”

What do the community think is important for future services provision?

- Mental health and other services
- Cheap and free services offering low costs across the population
- More local services so there is a reduced need for travel
- Specialists in Patea – chronic care service provisions
- Use Skype or video conferencing to provide consultations with nurses or arrange visits.
- Hospital – minor ailments, residential, operations, safety A&E, availability, accidents (life saver)
- Ambulance Services to continue

Waverley

Summary

- Difficulty to get GP appointment – GP does not take appointments in Waverley
- Lack of availability – GP only available two days per week
- Service loss in Waverley e.g. Meals on Wheels
- Availability of Mobile Services for Chronic Disease is important
- Value Waverley Standby and Waverley Healthwatch and improved Ambulance Service
- Elderly need Health Maps and service information
- Sense of being discriminated against because from Waverley in Whanganui Hospital
- Need more Alcohol and Drug services

What factors about the delivery of health care are important to patients and the public?

- Difficult to get a GP appointment, the Doctor is currently available two days per week, promised more from TWP. The elderly community depend on this GP service. Nurse there can take bloods.
- Transport and access to services, people cannot drive to get services, when old. The bus goes to New Plymouth on a Thursday.
- Access to services in Whanganui, it is easier to travel to “*Whanganui, more convenient, have to fight for this*” loss of doctors in Hawera means better service in Whanganui. Ambulance service takes one hour to arrive.
- Service loss - Waverley lost the Meals on Wheels contract, this contract closed because the TDHB did not pay the service directly, instead gave the money to the clients who did not pay. Once you lose this you lose the organisers and volunteers and it becomes difficult to rekindle. The community will need this service when people leave hospital Availability of Mobile Services coming to Waverley, such as Chronic Disease services, the Diabetic Educator will not pass Patea, Arthritic and Foot Doctor are very important services for older people. There are a lot of diabetics in Waverley who have to travel to Whanganui. Also the availability of mobile Dental health services is important.
- The availability of a Doctor, two days a week in Waverley, access to a variety of providers, have to travel to access, mobile access would be good.

What do Patients value about current services and why?

- Waverley Standby – not free very important to access health care. Used frequently to get to the hospital appointments by older people
- Health Watch used to pay nurses to provide services, Health Watch – volunteer organisation, educate cooking demonstration. Can respond to health needs in the community
- Medical Centre in Waverley, GP access locally, location for mobile services
- Value not having to travel to Hawera
- Value improved ambulance service

What do patients and community members dislike about current services and why?

- Having to travel to go to Specialists which is 30 minutes drive to Whanganui
- Wait days to see a doctor GP in Waverley

Is anything missing from current services options that the community would value?

- Need someone to talk with older people and explain to them and tell you what to expect, what services are available.
- Information pamphlet regarding services and their availability for Waverley would be great.
- Well publicised mobile service

What does the community think is important for future services provision?

- Cannot lose the Ambulance – this is Patea Based
 - Defibrillator at the Fire Departments
 - Shuttle – daily not feasible but regularly would be good
 - A&D educational and services required
 - Keep Standby Waverley
 - Constantly fighting to get access through being on a boundary
 - More equity in the system, ff you are from Waverley get charged and there is a perception that people from Waverley are always second on the list. If you go to Whanganui you get visitors in Whanganui.
 - Schools focus on children, BMI, weight and nutrition
 - Time and less travel. Patea and Waverley districts should go back under Whanganui Health Board instead of TDHB.
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Hawera

Summary

- Lack of GPs
- Rotation of GPs affects continuity of care
- Appointment management and cancelling appointment is an issue
- Accessible health care in Hawera
- More Specialists required in Hawera
- Timely response to emergencies essential
- Helicopter services not a solution to providing services in Hawera
- A&E is essential
- Hospital and all its current services important
- Bus Shuttle and Mobile Operating bus is important
- Take A&E stabilised out of wards
- Travelling to access services for health causes stress on the community
- Provide essential services in Hawera

What factors about the delivery of healthcare are important to patients and the public?

- Accessibility of health service being provided in Hawera
- Lack of Specialist Services and the need for transport to access Specialists upsets the community
- New Plymouth staff need to appreciate the time it takes to travel to New Plymouth from South Taranaki
- Timely response to an emergency - Hawera essential to stabilise after an accident, extra time to travel to New Plymouth to stabilise. Like to be stabilised in Hawera. We are a country community; we need our services in our community. Ambulance services not trained or able to stabilise patients. *"timely appointment"*
- Lack of Specialists facilities and people in Hawera to respond to crisis e.g. childbirth
- Helicopter services are no advantage, it is better to use an ambulance, takes the same time and doesn't solve services leaving Hawera.

What do Patients value about current services and why?

- A&E at Hawera Hospital to stabilise patients
- Specialists visits need further visits to New Plymouth
- Patients are treated well in Hawera, cared for well by the staff
- Maternity Unit, if there are complications go to New Plymouth, stress on baby and family, not having an obstetrician in Hawera
- Bus Shuttle service
- Mobile operating bus

What do patients and community members dislike about current services and why?

- Travel and stress being experienced by South Taranaki
- If the Dental service going to the A& E Department

- Appointments to suit doctors not the community, leaving patients after stabilising them for too long, immediate ambulance patient gets seen before someone waiting in A&E, better to call an ambulance.
- Staff are very affected by the changes in the hospital and the uncertainty of their future. They leave when possible.
- Take A&E stabilised out of wards. Hands are tied, the nurses should be able to do more, the long wait time for appointments is terrible.
- Inconvenient appointment times, not given suitable appointments, sometimes a phone call would be more appropriate than having to travel to New Plymouth
- The lack of continuity, having to repeat story again and again, there should be shared information between wards.
- The lack of consolidation of appointments e.g. surgery on one day in Hawera and South Taranaki. Being given 8.30am appointments.
- Cancelling operations when already on the bus to New Plymouth
- Overseas Doctors “each doctor has a view of how to treat you”

“Lack of doctors”

“Have to fight to get good care”

“Locum doctors too costly”

Is anything missing from current services options that the community would value?

“Increased need for palliative care in Hawera.”

What do the community think is important for future services provision?

- We need Kiwi Doctors, but the cost of training is so high
- Cost of consultant Doctors is too high. Doctors have left/ immigrated.
- Doctors and Clinicians need to inform the needs of South Taranaki. This should be geared away from a business
- Provide essential services in Hawera

2.2 Community Boards

The following section presents the information received from the four Community Boards in South Taranaki.

Eltham Community Board

Summary

- Difficult to get a GP appointments
- Accessibility to services
- Cost of services
- Local Hospital care a priority and services need to stay or grow
- Waiting time for GPs, A&E, Specialists and surgery an issue
- Services for the elderly – gap between post hospital care and home care

What factors about the delivery of healthcare are important to patients and the public?

- Travel time
- Accessibility
- Costs and time to get a GP and Specialist appointment
- Speedy consultation at Emergency
- Good information for patients and families in Hospital and after surgery
- Good follow-up with doctor after Hospital
- Home help for disabled and elderly
- Short waiting time for surgery
- Local Hospital care

What do Patients value about current services and why?

- Excellent Specialists Services e.g. Cardiology, Oncology, Palliative Care
- Local Hospital in Hawera, better for patients and families, less travel and stress
- Having a local GP in Eltham and not having to travel to get to a doctor
- Referrals to appropriate services where required.
- Hospital in Hawera
- Maternity
- A&E
- Radiology and blood tests
- Triaging for accidents
- Available and accessible services and overnight and residential care provided

“To have to travel to New Plymouth for everything is difficult for older people”

What do patients and community members dislike about current services and why?

- Not enough beds, resulting in further hospitalisation and inadequate care
- Having to go to A&E for a normal doctors visits, doctors list is full, no appointments available
- Waiting time in A&E people should not have to be there.
- Waiting time for elective surgery
- Some patients sent home too early causing future problems and readmissions

Is anything missing from current services options that the community would value?

- There seems to be a ‘gap’ between hospital care and ‘in home’ care patients sent home to cope on their own for several days before home care starts. This is not accessible for older people.
- More doctors/locums in Eltham, two days per week.

What do the community think is important for future services provision?

- More staff at hospitals
- Streamline admission procedure and consultation if possible
- Better liaison between hospital and home care
- Continue Hawera Hospital for patients in South
- To take services away worst thing that can happen
- Already travelling for everything
- Keep A&E and maternity and radiology
- Services in the South

“Grow Services”
“What is there stays there”

Hawera Community Board

Summary

- Provision of accessible care
- 24/7 emergency health care
- Continued inpatient services
- A&E patients in wards not working
- ED difficult to access
- Treating people in Hawera where possible with services which are available, promote these services
- Need assurance the hospital will remain

What factors about the delivery of health care are important to patients and the public?

- 24/7 emergency health care in South Taranaki
- Outpatient and consultant appointments available in Hawera
- Being able to seek advice without feeling a burden to staff
- Continued inpatient services

What do communities value about current services and why?

- Local inpatient services by dedicated professionals
- Access to services without travel
The bus is essential but not accessible to all ages

What do patients and community members dislike about current services and why?

- Mix of emergency and inpatients at night is hard for staff to keep a quiet environment.
- Over worked staff and low staff numbers
- Being turned away from ED or being made to feel they are an inconvenience
- People need to feel comfortable in approaching staff members for help

Is anything missing from current services options that the community would value?

- Continued promotion of what services are available at Hawera Hospital – make sure these are used when possible
- Not sending people to New Plymouth unnecessarily.

What do the community think is important for future services provision?

- Long term assurance of Hawera hospital and its future.
- There is an amazing strength amongst the staff at Hawera hospital although you can sense the uncertainty of staff jobs.
- South Taranaki needs continued health services in our town.

“These dedicated staff members are a credit to our community.”

Patea Community Board

Summary

- Access to GP is the most important thing
- Continuity of care is important
- Wait times to see GP
- Foreign doctors English affects patients understanding
- Mobile Specialists Services to smaller communities is important
- Choice to access services in New Plymouth, Whanganui or Hawera
- Stat 1 and 2 patients should go directly to Whanganui and Stat 3 and 4 to Hawera
- Ambulance route should be determined by the need for patient care not boundaries
- Ambulance wait times too long, back up ambulance needs to be stationed in Hawera not Stratford
- Need Hawera Hospital for recovery and 'low tech' services
- Specialist access and appointment management needs to be addressed
- Hospital provides Civil Defence Emergency Function should New Plymouth go down

What factors about the delivery of health care are important to patients and the public?

- Access to GP and Primary Care
- Wait times to see GPs and other services
- Mobility of services which can come to the people
- Choice – to access services in New Plymouth or Whanganui or Hawera

“The THDB has to realise that services go to Waverley”

“Once you get access to the services it is good”

“The GP afterhours is a joke, there should be a 24 hour service. The ED is triaging is weak and wait time is 4 hours. People in Patea are voting and drive to Whanganui and new Plymouth. People are drifting that way now.”

What do Patients value about current services and why?

- Patea GP service is good, good service, waiting time from 0-1.5 days, *“could be a bit more aware of sick children.”* Practice needs to be mindful that it is for local people, mindful that people are travelling to Patea to attend the GP.
- Waverley has a Health Centre and have GP services and extended the rooms available to the community.

What do patients and community members dislike about current services and why?

- Specialists access e.g. aesthetic or other specialists visits for surgery provide more mobile specialists attendance in Hawera

“It is a Long way from people, to see specialists in New Plymouth with appointment times, need to leave early and coming home in the dark.”

“They need to know who is attending and from where, we had five trips to New Plymouth in one day from Standby. TDHB staff need to be more considerate and do it smarter.”

- A lot of confusion about when people can and cannot go to Whanganui, from Patea not a seamless service with the Whanganui

“If you’ve called the ambulance you have to go to New Plymouth. With St. John’s taking over the ambulance service we would like to see a seamless service with patients going to Whanganui. “Communities of interest need to be recognised – in Waverley we want to go to Wellington not Hamilton”

- Ambulance services have too long a wait time. The back up for ambulances is important at the moment. At the moment the back up for Patea is in Stratford, needs to be in Hawera.

Is anything missing from current services options that the community would value?

“Focus on primary and access into Secondary services is essential”

“In Waverley the service is not working as anticipated, irregularity of hours is confusing. The implications more go to Patea to attend a regular reliable GP.”

“Southcare, wait 3 weeks to get an appointment, co-management approach. Don’t get continuity of care”

“New Doctor, New Medicine”

Secure Medical GP services and Emergency Ambulance Service.

- Continuity of care
- More focus on Primary health care and GPs

What do the community think is important for future services provision?

- Appropriate first response

“If a patient is closer it is better to go to the closer hospital. The ambulance currently responds to bureaucracy not the needs of the patient.”

- Appropriate use of Whanganui and Hawera Hospital

“For convalescing Hawera is fine, for recovery”

“Hawera has lost the level of services therefore have or should go to Whanganui. Should be able to go to Whanganui. ED in Whanganui is much better”

“Hawera Hospital is important due to the industry and response to accidents. The Stat 3 & 4 cases should go to Hawera. The Stat 1&2 should go to New Plymouth or directly to Whanganui.”

“Ambulance linked to a computer system; this would allow better patient care. Share information.”

- Focus on patient care not boundaries
- Good primary health care
- Use of technology to access specialists to complement primary care

“Provide patients with the ability to manage care and allow people to have an active role in their health. Mixture of good primary health care with technology specialists meetings, use broadband more. Report sent directly, regular self monitor able e.g. CT Scans.”

- Retain more New Zealand doctors

“Dislike Foreign Doctor. Doctors need to speak better English”, “want doctors with Kiwi accents”

- Focus on services for youth and older people

“Services for older people important that services are not cut and services for older people Waverley – Health Service Maps to enable older people to navigate the services”

- Counselling services linked to health services
- Hospital provides civil defence function if the mountain erupted
- Provide better information to the public

“Feedback from the TDHB is shocking

Egmont Plains Community Board

Summary

- Wait times to see GPs and Specialists
- Timing and frequency of appointments to reflect people's travelling needs
- Local availability of services important, physio, counselling, provided from the same location
- After-hours access to GP and emergency services is an issue
- GP do home visits for whanau who do not have their own transport
- Whanau and families bear the cost of services through the travel costs they pay for
- Early discharge from Hospital causes further health issues
- Email consultations for repeat scripts

What factors about the delivery of healthcare are important to patients and the public?

- Speed of access, i.e. how soon can you be seen by GPs and specialists. 24 hour access to GP-type services
- Timing of appointments so that peoples travelling needs (time and frequency) are considered
- Locally availability of facilities such as x-ray, physio, pharmacy
- Quality and consistency of health professionals they are seen by
- Ability to visit/support whanau under care, especially if they do not have their own transport

What do you value about current services and why?

- That they are locally provided, even though waiting times are often longer than desirable.
- That we have quality GP and specialists available to us

What do you dislike about current service provision and why?

- No real 24 hour access to services - can take up to an hour for ambulance arrival after hours
- No local provision of physio, etc
- Availability of counseling services is limited
- People are asked to travel repeatedly (and sometimes on consecutive days) for a process that could have been better coordinated for the patient
- The large cost that some patients and their whanau have to bear travelling or supporting their sick ones
- That many patients are sent home too early without adequate support, often exaggerated by the lack of public transport in the district

Is anything missing from current service options that you would value? E.g. email consultations

- Greater use of paramedics
- Email consultations should be able to work for repeat scripts and similar

What do you think is important for future service provision?

- That we have access to medical services locally
- That there be multiple services available at the same location
- That they be quality in up-to-date facilities

2.3 Iwi

The following section presents the information received from the two Iwi, Nga Ruahine and Ngaa Rauru Kiiitahi.

Nga Ruahine

Summary

- Waiting times for GPs
- Lack of access to GPs leads to more A&E visits
- Lack of GP after-hours is an issue, A&E is not working for the Iwi
- Rotation of Doctors is an issue for continuity of care
- Preventative and proactive health care is required
- Lack of transport affects health outcomes, such as an increase in chronic disease
- Lack of GPs and lack of Kaupapa Maori Health Services in Manaia affects health outcomes
- Need more health services provided locally in Manaia
- Advocates required for Maori males and older Kaumatua who have trouble following the GP appointment and need support
- Appointment management for specialist services in New Plymouth needs to consider travel time, bus shuttle times and age of patients
- Increase the number of Specialists Services available in South Taranaki to reflect the needs
- Value the Mobile Bus and Specialists coming to Hawera
- More mobile services to rural areas required
- Value the Hospital and the services provided in the Hospital at the moment, scans, blood tests and the departments currently working out of there
- Mental Health service contracts need to come south, more services for those with disabilities
- Devolution of service contracts to South Taranaki
- Services need to be designed around the changing demographics and the growing number of younger Maori
- Whanau Ora approach to health service development and design is required
- The TDHB need to include Nga Ruahine in projects e.g. Project SPLICE

Health services are required which service the young Maori population, with 67% of the Nga Ruahine population under 27 years, service provision now and into the future is imperative. For the future we need services and initiatives which provide health alternatives prevention initiatives which are responsive to the current health projections.

Transport

Transport is a huge issue, the one hour travel barrier to receive services for our people.
“While the DHB put on transport, it remains a barrier to services for Nga Ruahine”

Transport is more of an issue because the Maori population experiences greater unemployment, therefore the disparities with rich landed farmers is greater. Nga Ruahine can easily get lost as a result.

In terms of sport and healthy lifestyle, if you do not have a car, children do not play sports.

“Because the population is not as mobile as others, this affects this population group more than others “

Chronic Conditions

Lack of transport and isolation has flow on effects for diabetes, chronic and metabolic related diseases, where people from Nga Ruahine who experience ill health cannot easily access services. The result is that this population experiences more chronic disease such as diabetes, kidney and renal needs, dialysis, and a lot of people with heart conditions and respiratory issues. This population is disproportionately represented in the area of Chronic Disease and young people with Type 2 diabetes.

Clinical Services in Manaia

Would like to see a mobile unit which provides clinical facilities in Manaia. Currently, there are services at Ngati Ruanui but a nurse led Clinic at Manaia would support people with Chronic Disease and also provide preventative services and earlier clinical intervention by taking the transport barrier away.

A Clinic in Manaia could provide screen, triage and take blood pressure etc. and refer people to the doctor earlier and support access to GP services.

- Health Promotion
- Identify those at risk – through community knowledge
- Undertake disease prevention function
- Undertake monitoring
- Travel to people with transport problems
- Advocacy – explaining needs and interpret what the doctor is telling them.

“Just because the Doctor is there doesn’t mean they will be ok, the Cultural element is missing”

The TDHB need to address health service provision appropriate to the population. Reflecting the cultural perceptions of health, building trust with the population which currently affects access to health services.

Southcare is currently available three days a week in the mornings. People still have issues in spite of Southcare coming to Manaia; this is related to the wider perception of health which the Maori communities require, a more holistic approach.

GP services

Currently GPs and international doctors visit on six month cycles; this is less than ideal, where older Kaumatua have to keep telling their story *“New Doctors New Lollies”*

“the lack of monitoring available locally, with preventative services along with Kaumatua services means that our people die early of conditions which are preventable.”

The current American Locum services are not working. They need to bond doctors for national service, need to stop preventing other nationalities from accessing this country.

Advocacy for Older People

The lack of advocacy available, to help older people explain their needs, help older people interpret the doctors.

“Because our older people defer to doctors professionalism and lack a relationship they accept what they are given.”

This lack of advocacy for older people is a barrier to proper service access, older people in this type of environment can easily make mistakes.

“A clinic at Manaia would make more Maori services available which are culturally and reduce the barrier to health access.”

After-hours GP

If you have to access a GP after hours, the waiting time in Emergency Department at the weekend takes a long time, but they suggest a doctor’s appointment on Monday to get a script for medicine.

“This leads to further issues and barriers, another visit can take 2 weeks to book, or another half day in the walk in/emergency clinic, these health problems become exacerbated, costing more, taking more time, more money, more hassle and more stress to address where it doesn’t have to be that way.”

In the Emergency Department they will not provide a full script of antibiotics or other medication, forcing people to make another GP visits to get the medication required. This causes more money spent by the community; more time spent accessing health care and more hassle experienced by community members.

“You have to fight to get health services, you get more help if you have support.”

Specialist and Surgery

If you have private insurance you get seen, facilitates and the resources are out there. Specialists, come once a month to the Hospital in Hawera.

“Booking into New Plymouth on the bus is not comfortable, people are not supported to do this. People feel resistance to going on the bus to New Plymouth.”

The experience travelling for surgeries to Waikato, is not good, where surgeries are cancelled when people arrive, costing people time, money and discomfort and more appointments to manage and follow up on.

This treatment of patients needs to be addressed, where patients not being checked before travel for operations and the operation is cancelled as a result.

Retinopathy is not accessible in the Base Hospital for someone in a wheelchair, this is available in Hawera through private specialists.

“The cost is being transferred to the whanau who cannot afford the time, the cost and the increased stress to access basic services.”

“People with disabilities are disadvantaged here.”

Inclusion in TDHB Projects

Nga Ruahine was not identified or consulted in the SPLICE project, currently not on the TDHB horizons for health, at the moment there is a the Kaumatua services, but extending services as part of the Whanau Ora Project is viable and could make services available to the wider population of Nga Ruahine.

Community Wellbeing

Employment in Manaia is shift working, or beneficiaries. Shift work affects whanau, their health, access to sport and community events. It affects our people’s health, they have to travel to access health care, which costs money, so they do not access it in time.

Mental Health

Mental Health services are provided from the North, people come down from New Plymouth. This is a barrier to service access, having someone who is not from South Taranaki providing a service here.

“all the mental health services are available in the north, this is a barrier given the contracts sit in the north.”

The suggestion is to devolve these contracts to the South and provide the resource to allow the South to provide services appropriately to its community.

“For the South, By the South”

A suggestion is to contract the Te Punawai O Te Tonga to provide services through this platform. Reflecting the capacity being built and the agreement between the Iwi to share the resources. Project SPLICE or other contracts could be provided through this collaboration.

“Design of services for Maori by Maori”

“Contracts are provided in the north and travel south, this is not effective, as this creates a barrier to services, it might be easier for providers to provide the service but it does not benefit the communities in the South. South needs services provided in the south, by the south. Being stationed in the North doesn’t work for the South.”

Hospital

The Hawera Hospital is available; they have an Accident and Emergency Department and Emergency Services, Maternity, Inpatient Services and Outpatient.

- Hospital can be better utilised
- Retain the services we have got in the South
- Maternity Unit is important
- If the community were to lose the hospital it would compound the issues being experienced and increase the current level of health inequalities.

Future Services

1. Aged – advocacy for Tangata Whenua role
2. Seamless link to outside health services
3. Rangatahi services – different approach
 - a) Education for sexual health
 - b) Drugs and Alcohol
 - c) Nutrition and prevention of chronic disease
 - d) Positive choices and positive options available
4. Contracts need to reflect the needs of the South, flexible services South to manage that dispersal
5. Disability – people with disabilities or who have become disabled do not receive support and this affects the wider whanau, causing stress and pressure
6. Drug and Alcohol services
7. Alternatives where are traditional healing methods and resources being focused here
8. The Mental Health Crisis Team, is North based, it takes too long to have a response to South Taranaki, contracting from the North does not work for the South. There could be fairer distribution through providing resources to the South.

Priority

1. More services provided in the South where possible
2. Clinical Doctor/nurse in Manaia, provide continuity, it would be utilised
3. Extend services to the other age groups in Manaia, whanau type services, which are whanau orientated
4. There is no Kaupapa Maori Well Child provider in Manaia
5. Adult Maori with Chronic Diseases could be followed up with a mobile service in Manaia
6. Whanau Ora approach to health

“School Age Children with communicable diseases go to the Doctor and only get medication for one child, in a family of five children this is not practical,

all 5 children have to visit the doctor individually, not treating the whanau, just treating one which is not practical or effective. A money making business. Not taking a population health approach, treating disease and sickness as a business.”

7. In the Emergency Department provide the full script, allow people to fully access primary health care e.g. antibiotics are required but they do not give the whole script, this results in more GP visits to get the medication required.

Suggestions

- a) Workforce development for Maori staff
- b) Make appointments in New Plymouth aligned with the shuttle timing
- c) Frontline staff need to be aware of appointments bookings and provide them for South Taranaki people
- d) Increase the number of days providing services in South Taranaki
- e) Provide advocacy for older people
- f) Devolve contracts to the South

Ngaa Rauru Kiitahi

Summary

- Lack of GPs and competition to keep GPs
- Local access to primary health services at affordable prices
- Seamless access to services between Hawera and Whanganui where choice necessary here
- Transport is important to enable better access of services
- Waiting times currently affect health outcomes
- Services for older people and Kaumatua are a priority
- Services for young people need to be integrated and have a multidisciplinary and multi-pronged approach
- Service design and delivery needs to focus on community health outcomes and services need to work to achieve these not just providing one off services. Integrated service design and a collective goal shared by service providers is one step to achieve this
- Health services necessary to develop and incentivise industry in Southern Taranaki

Local Access to Primary Health Services

The important matter for Ngaa Rauru Kiitahi is local access to health services at an affordable price. We need to retain the types of services being provided if these are appropriate.

“Local services for local people who cannot afford transport costs to access centralised services.”

Service providers are more in touch with the local community, personal touch. The competition for doctors across the Taranaki region does not help. Retaining doctors is an important issue which affects the provision of Primary Health Care.

Transport and travel is important. Building sustainability around services is important.

Appointments

The waiting time and the short notice for cancellation of appointments affects people accessing specialist services and operations in Taranaki.

Kaupapa Maori Service Provision

“Consultations services by Maori for Maori, Maori providers servicing Maori clients.”

Service Design and Delivery – Whanau Ora Framework

While the decision on what service to provide is currently a numbers game on one level, focusing on community outcomes and health outcomes, we should be more aware of the needs of vulnerable communities and the cost of negative community and health outcomes for these groups if health services are not available.

“The need for access to services is important for Older People”.

On a broader level it is important to work beyond boundaries, the Waverley Clinical is an example of getting services to the communities that need it.

“The DHB needs to work on achieving positive community outcomes including health through a wider whanau ora approach, working with the community to achieve this. DHBs working with providers to develop a more holistic and community based response is required”

“Although there is a Whanau Ora initiative, MSD are running a parallel initiative.”

The DHBs need to see existing services as part of a wider set of social outcomes and see services in the context of outcomes for the wider community. By working more holistically we will stop trying to fix the whanau from an agency or service provision perspective and the DHB can resource a response, but let the community and local providers manage community health and wellbeing outcomes.

“We need the resources not the services, agencies don’t want to own the issue, we need a Whanau Ora approach which is multidisciplinary around service provision, health providers need to work inter organisations, to provide effective provision of community services. Service provision and its design and implementation at all levels, link services which support the whole family/whanau”

The suggested devolution of services requires standards to ensure the level of service provision are retained. A proposed solution to this issue is service providers working together to provide a service and be a part of achieving community outcomes together not just providing their services in isolation.

“The Whanau Ora approach is solutions based and will require creativity and linkages amongst the agencies. It will require someone centrally linking initiatives back to health in the broadest sense. With a focus on outcomes for health, by pulling initiatives together, cost effective and efficient.”

We need to approach services in terms of outcomes, what outcomes we want to achieve and how can we work back from that outcome to service design. We also need to align agencies and service providers to focus on achieving the same outcomes.

We need to be mindful that the location and provision of services directly affects the older community and determines their ability or otherwise to age in place. They will be forced to follow the services if they move.

“There is a cost of losing our old people, our knowledge base and cultural base” “we need to ensure our cultural and economic development is provided for” “Kaumatua support the cultural wellbeing of our younger generation”

Older people need the choice to remain in their homes which is preferable. Helping older people to understand about what services are available and then to know when and how to make changes and identify the critical time to move, would enable a more stress free transition from living in place to aided residential care.

Future

If we want to develop or maintain industry in South Taranaki and attract further investment or retain the current workforce we will require health services. Any design or decision on health services provision needs to consider the economic and social implications associated with this decision.

Some Questions

In terms of future service provision design there are two main questions:

- Are the services and their provision of the highest standard?
- Does it cover the range of services and is this cost effective?

Communities need to know what is possible to manage their expectations of service provision.

“The DHB needs to be clear on their outcomes, no repeat on progress e.g. wait times where promises are made through the plan the report needs to correspond to the plan”

“The DHB needs to be clear the timeframes for this consultation are ridiculous”

3. Demographic Response

The following section presents information received from Families and Whanau, Older People and Kaumatua and Youth.

3.1 Young Families/Whanau

Summary of Responses

- Lack of GPs is a major issues which affects the health of Families and Whanau
- The wait time to see a GP affects health, and results in Accident and Emergency attendance
- The lack of access and the rotation of doctors affects continuity of care
- GPs do not provide family care – one patient per visit, one script per visit results in families and whanau having sicknesses and communicable diseases which are preventable
- GP dominated care is an issue
- Lack of specialist services in South Taranaki forces Families and Whanau to travel to New Plymouth
- Appointment times for specialists in New Plymouth need to recognise where people travel from
- Maternity Unit in Hawera is valued, all the services currently provided in Hawera are valued especially Accident and Emergency.
- Lack of services for Diabetes and Asthma in rural areas affects health outcomes for people with chronic diseases
- Lack of paediatrician in South Taranaki
- Suggestion is to link all the GP practices in Hawera to allow better quicker access to GPs

Factors important to Families and Whanau

For families and whanau of young children being able to get an appointment, the availability of services and continuity of care was the most important factor.

“We have to wait 2 weeks to make an appointment emergency doctors is the other option, this takes 6 hours on average or otherwise, go to A&E or get a nurse to see him [young child].”

“A&E is the other option is doctors cannot see children, there is no choice.”

Efficiency is important, to get good first hand advise from the nursewhere questions can be answered and children with chronic conditions seen quickly.

The choice of two practices in Hawera with limited GPs has not increased choice, families and whanau care more about availability of a GP when their child is sick than anything else.

“Ruanui is great, friendly, South Care is the same cost if you have a community services card but if not registered then it is more costly. Practices should be linked across the township to enable maximum access to GP services.”

The rationale being that even in the same practice families and whanau never see the same doctor, “*different doctor different medicine*”. *The result of this is that children’s medication often gets changed regularly and within one family/whanau the members are treated with multiple medicines for the same ailment.*

“We all had the same condition, and all four of us were on different medication, it was crazy”

“The ability to see the same doctor is important, this is not possible in South Care.”

“The ability to make an appointment and get in on the same day or within days of asking for an appointment is important, in Hawera there can be a 2 week wait. The drop in facility is not practical for parents with small children.”

The ability to make an appointment and receive medication in a timely manner is the most significant priority for families and whanau. .

“Parents should not have to overstate the condition to see a doctor on the same day.”

The cost of visits is important and the facility to put the cost of the visit on account, despite the \$5 cost of this it is important to enable access to services for low income families whanau with young children.

“There is no paediatrician in South Taranaki for children.”

Opunake

There is no chemist to get medication in Opunake, so the option is to wait and pay the courier fee of \$15 or travel to Manaia or New Plymouth to get medication immediately. There is no afterhours care or GPs Emergency services in Opunake so if there is an emergency families and whanau have to travel to New Plymouth or Hawera. Getting the Emergency Ambulance is difficult and there is a wait time.

“If you have a sick child go to New Plymouth if you can”

What do Families and Whanau value about current services

The availability of free maternal care which is easily available, helps family and whanau to have mid wife care. The free GP visits for the children under 6 years is also important to families and whanau. The Healthline phone support is valuable, to talk to someone and receive reassurance.

Before school checks which are free allow parents to have issues such as hearing checked before school is started. This is arranged and booked by the Doctors surgery which is appreciated.

The Maternity unit in Hawera is an important resource for families and whanau who would otherwise have to travel over an hour to New Plymouth to get to maternity.

“The space is nice, rooms are nice, compared to base Hospital this is high quality.”

The level of care was important for mothers where in Hawera where according to one mother they *“get personal care, staff are more supportive, give you time.”*

Having a Maternity Unit in Hawera is important to families and whanau.

“It would be terrible if it were an hour away, especially for large families with more children, the need to be near home is greater.”

Mothers stated that the travel time of one hour plus to get to maternity was not ideal because of the distance as *“so much can go wrong in this period”*. The flexibility in the Maternity Unit in Hawera allows mums to stay longer if they need to, this is important for health and wellbeing.

“There are better conditions for new mothers in Hawera than in New Plymouth hospital.”

The isolation of the Coastal community in Opunake makes accessing Midwives difficult, also families and whanau that have to travel to maternity would appreciate more space, such as a place for dads to sleep instead of having to pay for a motel room.

“We need a room where dads can stay overnight”

“When you ring up for a Midwife, no one can help when you live in Opunake”

“We need more information at maternity”

“Being kicked out of hospital after 2 days, young parents need more time and more support.”

For families and whanau the ability to access specialist services in Hawera is important.

“Specialists coming to Hawera, make it much easier than travelling with young children.”

Also having South Care close to the Hospital is convenient for blood tests, convenient if you are in Hawera.

What do patients and community members dislike about current services and why?

- Lack of GPs and GP dominated care provision
- Lack of integration between South Care and Ruanui
- Health Care is expensive without insurance
- Cost of Ambulance

The lack of holistic family care from GPs is something which families and whanau struggle with. For instance if something such as a communicable disease is found on one family member, if there is no GP available the family have to see the emergency doctors which takes 1-2 hours wait versus 2 weeks wait. Often GPs will only give a script for one family member and require multiple visits for the rest of the children in spite of them having the same

condition which is communicable. For families and whanau if money was an issue, then they go to the A&E over the GP.

Travelling to New Plymouth for Scans and blood tests is problematic; it costs time and money and causes stress on the family/whanau.

“These simple things can and should be done in Hawera, currently people have to travel to New Plymouth to do them. This is an issue with pregnancy where partners want to come, they have to take the day or half a day off work to travel to the appointment.”

The wait time to access specialists in New Plymouth is an issue. It would help families and whanau if accessing appointments could be faster.

“I have a child with a hernia we requested a consult since last August, [now March] still no appointment waiting for one.”

There is a necessity to go private to access specialists e.g. Grommets, because this can negatively affect growth and learning, children suffer while waiting to access specialist care.

The lack of continuity affects families where there is a 2-3 week wait to see a doctor, even if this is not the preferred doctor. The inability to see GPs and access primary care results in negative health outcomes. Presenting at A&E as an alternative to seeing a GP has issues where A&E have no history or prior knowledge of care, resulted in babies having to be hospitalised

“We see a different doctor every time, we get different medication, there is a lack of continuity here with GP care”

“A&E sent my baby home when [she] needed more attention, she ended up being hospitalised”

For families and whanau the dependence on Doctors is frustrating when nurses could triage and respond, reducing waiting time and waiting cues.

“Why don't they let the nurses do what they are trained to do. A doctor didn't need to stitch my husband's finger”

Is anything missing from current services options that the community would value?

Access to Primary Care, more GPs which would enable people to have Family Doctors is important and currently unavailable. Also the availability of specialists in South Taranaki. This would decrease the cost and the time spent travelling for low income families and whanau.

“More local specialists in the South, where Specialist services increase their time in South Taranaki

“Do what you can do or provide in Hawera if possible such as scans, appointments, blood tests”

“Don't fob us off and us to drive an hour to New Plymouth”

Families would like access to a Paediatrician in the South which can provide health care for children who understands and likes children.

Families and Whanau from Opunake stated that they “*want access to service in New Plymouth from Opunake, we would rather access services and specialists in New Plymouth than Hawera.*”

More services for Diabetes and Asthma were also identified in rural areas.

“Diabetes and Asthma services and older people services, they suffer a lot here[Opunake/Manaia/Waverley].”

What do the community think is important for future services provision?

The following is a list of what Families and whanau think is important for future service provision in South Taranaki

- More Doctors available or Nurse Practitioners
- Assessable, reliable and reasonable healthcare
- Decrease the wait times
- Increase the consistency in case management
- Link all Doctors and GPs together for efficiency
- Keep what we have got in terms of services available in South Taranaki
- Expand services that are available e.g. specialists
- Maintain technology and update this
- Maintain the cost of accessing services
- Keep the hospital and its department functions

The reason why the hospital is important to Families and Whanau in South Taranaki:

- Residential / overnight recovery
- Maternity
- A&E
- Professionals in the South
- Ability to respond to accidents on a large scale – be self sufficient
- Blood Lab
- Scans
- X Rays

“Keep the basic core services, don’t lose any more. The Big thing is to keep the hospital”

3.2 Kaumatua

Summary of issues important to Kaumatua

- Long GP wait times
- Rotating GPs leads to a lack of continuity of care
- The lack of afterhours care, results in older people having to attend A&E after hours. The lack of transport to enable older people to access services within South Taranaki and New Plymouth, the hospital shuttle bus is not accessible to everyone in South Taranaki
- The cost of services and medication affects people on fixed incomes
- Appointment management for specialist services does not consider the shuttle times, travel times, age of the patient and the time they will have to wait
- Older Kaumatua value the Hospital and the services it currently provides – if the Hospital was to close many Kaumatua would have to leave South Taranaki to live nearer health services
- Doctor centred care is not working, preventative and more nurse led care would be more suitable and prevent a number of GP visits
- Holistic care which includes cultural aspects is necessary
- Advocates are required for GP visits to help older people understand
- Better discharge policies – late night discharges without transport are difficult for Kaumatua
- The devolution of service contracts to South Taranaki to better serve the South Taranaki Community
- Services for people with disabilities are lacking in South Taranaki
- Racism in the health system and treatment affects access to services and service take up
- Group Ambulance subscription was suggested for older communities arranged through the Iwi or Health Authority

What factors about the delivery of healthcare are important to Kaumatua?

The long wait times to see a GP or get an appointment with specialists affects older people's health. The lack of transport to access services and see the GP affects decisions to access health care. Also the costs of transport and medication is a barrier for older people on a fixed low income. A suggestion is more mobile travelling services would be useful to provide health services rural areas.

Appointment times and shuttle services are not well managed, older people have to go to Base Hospital and spend the day there for a 30 minute consult.

“To attend a specialists you have to go to New Plymouth, the shuttle doesn't correspond with appointments so you leave at 8am for a 1pm appointment”

For older people the lack of management of appointments is stressful, it adds to their discomfort and it costs them money because they buy lunch and wait around in the hospital canteen because there is nowhere comfortable to wait all day. *“A lounge would be good. Like the Wai Ora”*

For Kaumatua from rural areas transport is the more significant factor to accessing health services and having good health.

“Transport is more and more important to access health care. Older people need the transport and need the services of the doctor and specialists to be accessible.”

For Older People and Communities they need information about services and what is available, if services change and what is available for their needs.

“Having Kaupapa Maori clinical staff [nurse or doctor] available in Manaia, otherwise we have to go to A&E, this is a cost and the distance are both barriers.”

What do Kaumatua value about current services and why?

Kaumatua value the following:

- Hospital Accident and Emergency – Accidents which need an immediate response
- If doctor not available
- Emergency Department, they would like to know what the DHB are they doing with this?
- Residential Services for recovery and overnight stays
- Maternity Unit – reduces stress where time is a factor
- Facilities for Blood tests *“Otherwise we would have to travel to New Plymouth”*
- Current specialists in Hawera such as Diabetes and eye checks are good.
- Transporting people to New Plymouth, it not just Hawera People, Waverley and Patea
- South care Frontline is excellent
- Triumph Services – enable monthly checks, wonderful services, cuts down waiting time, they give reminders of visits

What do Kaumatua members dislike about current services and why?

Lack of GPs, it is Difficult to see a doctor if you become suddenly ill. The additional lack of Continuity of Care, constant rotation of doctors compounds this issue, *“Locum Doctors, our Kaumatua are forever repeating themselves changing medicine.”*

“If you go to Ruanui you can’t access South care in Manaia – but Ruanui don’t come to Manaia, there are no Kaupapa Maori Clinical services available in Manaia”

“Doctors are making money, which is adding an extra burden on Maori and Rural Communities. Requiring multiple whanau visits. Better to have the resources in the community to respond quickly which would be an efficient use of resources, instead of doctors hogging medical supplies.”

“For Maori, provide a more prevention focused model and providing care and medication in advance, would be preferable to being dependant on the GP which is never available.”

Currently the Doctor is at the centre and needs to be in charge, but with a Whanau Ora approach, certain things don't require a doctor. If the doctors shared resources with nurse led practices in communities, this would increase the access to basic primary services.

The time of the hospital shuttle and specialists appointments is not suitable, suggestion to coincide appointments with the shuttle to New Plymouth to see specialists or arrange specialist appointments in Hawera for specific days in the month.

Information for both local communities and South Taranaki health services would provide information to communities which currently don't understand the system.

“A South Health Service Directory documenting services and support available, they could tell us if processes changes, and inform the public”

The front desk staff at Hawera Hospital does not point you in the right direction, Kaiawhina Denise Smith, not promoted enough.

Kaumatua Groups felt that there was inherent racism in the current system which affects how people are referred and treated in Taranaki health services where *“if your darker than white, the attitude is different to Maori, they get different services”* The result of this is that people become frustrated with the system and being treated differently. Racist attitudes affect care provision. *“Our people sit there and sit there, they need attention.” “Acknowledgement is different” and “judgements are made”.*

Is anything missing from current services options that the community would value?

A Whanau Ora Nurse and Nurse led practice providing preventative support for Kaumatua, this could include community liaison to ensure Kaumatua wellbeing is being supported. The Whanau Ora role could provide more support for older people living in the community and support access to services, with more a preventative and educative approach.

A suggestion is to provide advocacy for Kaumatua and Maori males to help them navigate the health services is important, such as access to service options or navigating ACC. Advocates could interpret doctor's x-rays, help with reading the medical letters and provide information about benefits available,

“They don't tell you if you don't ask”.
“Kaumatua are treated differently and feel the prejudice in the system, need someone to advocate for them in the hospital system.”

Older people leaving hospital have no follow up, our Kaumatua are constantly being discharged from the hospital late at night with no transport.

“I got home in the laundry truck at 11pm at night”.

It was also suggested by Kaumatua that homecare service staff need more training to provide proper at home care for older people.

What do the community think is important for future services provision?

- Hospital – keep the services it provides
- Retain the current services in South Taranaki
- Devolve health contracts to South Taranaki
- Develop longer term GP contracts
- Doctor or Nurse Practitioner stationed at Manaia and other rural areas

Kaumatua want to keep the hospital and the services it provides as this is their lifeline to living in South Taranaki. Many older people would have to move if the services the hospital provides moved.

“The hospital is our future”

“If you take the hospital away you will take our people”.

“Older People will move closer to the hospital in New Plymouth, they will be forced to move and leave their home and the town will become dead in Hawera. Hawera and other communities will lose their leadership and knowledge of area.”

A suggestion was made that a group ambulance subscription through Iwi or community Groups would help to decrease the cost of calling an ambulance, get subsidy at a lower rate to enable use of Ambulance Services when required.

Developing the Maori workforce was an important issue for Kaumatua, they advocated for the DHB to support further education and attainment with Maori clinical staff to development the Maori Workforce in Health.

“Address any discrimination and racial prejudice for Maori professionals and also Maori accessing health services”

“Most Maori providers don’t get adequate funding for service provision. These issues are normal they won’t change.”

The lack of South based Mental Health Services result in inadequate mental health service provision in South Taranaki. The lack of mental health response teams in the South results in delayed response times, where the Police have to step in. There is also there is a lack of Alcohol & Drug services in the South to support the young population.

“We need a crisis response team in the South”.

“Mental health emergency response time takes hours”

“Should put more emphasis on providing services according to the rights declared in the posters”

In Nga Ruahine there are very few health services for Nga Ruahine compared to Ngati Ruanui. Ngati Ruahine would like to be included in consultation around contracts.

“There is a big gulf between Manaia and Opunake, we were not included in the Splice Project”

3.3 Older People South Taranaki

Summary

- Long GP wait times
- Access to specialists services is difficult
- Distance and travel to access GPs and Specialists is a barrier
- Lack of continuity of care with rotating GPs
- Appointment management for appointments in New Plymouth is not considerate of geography, bus shuttle schedule and older people
- Travelling to New Plymouth for services which could be provided locally is disliked
- Mobile Services Bus is valued, Hospital Shuttle is valued
- Hawera Hospital is valued for Maternity, Recovery, A&E, Emergency Department, scans and blood tests, and it allows older people to age in place, important for the economy of South Taranaki,
- Local medical centres are important
- NASC is not providing the same representation as the previous service
- The South needs a mental health crisis team located in South Taranaki
- Keep local ambulance services going
- Older people need Health Maps for local areas and more information about services provided locally

What factors about the delivery of healthcare are important to patients and the public?

Accessing services is the major factor which affects older people in South Taranaki. The distance and time involved in accessing services in New Plymouth leads to unnecessary stress for older people. The length of time to see a GP in Hawera at Southcare there takes three weeks wait. Also the rotation of doctors leads to difficulties developing a relationship and a medical history when Doctors change all the time.

The system is not set up for users because there is a lot of inconvenience being pushed back on the health user having to travel to New Plymouth on separate days for appointments for blood test and X-rays which are part of the same procedure being taken care of. This is an example of lack of continuity of care and inadequate appointment management.

“They can take bloods at Southcare. It was supposed to be a one stop shop, to stop the contraction of Doctors.”

The waiting time to see specialists to have procedures is too long. Older people are waiting in pain for years, for example waiting for a Hip Replacement. Having specialists available in Hawera is important.

“There is the feeling that the older you are the longer the wait, they hope you will die first”

What do Patients value about current services and why?

People are generally happy with the model of primary care sought in Taranaki with a practice nurse, Physiotherapy, chemist, Doctors under one roof. These are good steps but the shortage of Doctors means too long a wait time.

*“You need to book doctors 3 weeks in advance”
“Can’t fault the staff”*

“We are lucky to have the emergency doctors and be seen by someone, specialists coming to Hawera is a great service.”

The Hospital is valued and seen as necessary as a first step and then patients can go either north or south. The Hospital is valued for the provision of the following services:

- Accident and Emergency to Stabilise Patients
- Ambulance service
- Maternity Unit
- Residential for recovery – visiting family
- Bus shuttle service
- Mobile operating Bus and visiting Specialists.

The hospital provides emergency response where people are able to visit and maintain contact. South Taranaki is a farming district and the A&E is important for accidents on a farm where they need emergency response. According to people from Hawera, the A&E is busy and full of people who need emergency care. Having the Maternity Unit close allows families to be a part of the birth and visit regularly more easily.

*“We want that [the hospital] to stay there”
“It is important for the wellbeing of patient and family”
“We are able to get there and our local hospital employs local people.”*

The Hospital Shuttle Bus is essential; it leaves at 7.30am / 12.30pm between Patea and Hawera. A suggestion was made that GPs and people making appointments should consider travel times for older people living in South Taranaki who lack personal transport.

“Doctors in Patea organise specialist appointments to make it easier.”

For older people the local medical centres and GPs give communities more choice. If these were taken away there would be nowhere to go, older people they would have to ring an ambulance.

What do patients and community members dislike about current services and why?

The current Shortage of Doctors, nurses, and the long wait for GP and Specialists appointments are the main issues. The shortage of doctors is compounded by the lack of continuity of doctors which keep rotating. The cost of doctors’ visits and extra services such as the \$15 cost to fax a prescription is too high for older people on fixed incomes.

Waiting times for both GP and specialists and the management of surgery and specialists care affects older people. For an elderly person managing appointments is difficult and it would help if these were managed better from Base hospital.

“Taking people off surgery list and making people reschedule” “Being given 8.30am appointments when I live an hour and thirty minutes away” “Cancelling operations when on the bus to New Plymouth”

The lack of consolidation of appointments could be solved by having surgery on one day in Hawera for South Taranaki. Also, appointments are seen as unnecessary where a phone call would be more appropriate than having to travel to New Plymouth.

A suggestion is to take A&E stabilised patients out of wards and touse the nurses more in A&E, at the moment the perception is that their hands are tied. The opinion is that the nurses should be able to do more this would reduce the long wait time for appointments.

Continuity of care and consistency is an issue for older people, an example is the practice of checking vitals at the GP which it is suggested should be standard. Also it is not able to get 2 prescriptions per visit, where if there is more than one ailment older people have to make another appointment which is not convenient, it is costly and affects their health.

*“I constantly have to repeat my story again and again”
“High turnover of Doctors increases the discontinuity of GP care”
“You have to fight to get good care”*

Is anything missing from current services options that the community would value?

Provision of GP Care and GP Practices

Better ease of access into primary services is missing the current wait time is too much and it forms a barrier to accessing the breadth of health services available.

“This should be geared away from a business, the cost of consultants and doctors visits is too high. The Kiwi Doctors have left immigrated. Overseas Doctors are here for such a short time and each doctor has a view of how to treat you”

“We need Kiwi Doctors, but the cost of training is so high”

“Doctors who do home calls. They are the rock of the community. This must be maintained.”

Specialist appointments are made at inconvenient times for old people who live in South Taranaki. Also appointments that could be booked in Hawera are booked in New Plymouth. This is difficult for elderly people to manage. People are not given appointments suitable or responsive to where they live, transport availability and age and mobility.

Advocacy support available

Advocacy to support older people to access and use the doctor is a need which is missing. This could be a local health support person who can provide practical support to help people being seen by the GP who is nervous or not able to retain information.

“Explain to the person they know and understand”

Crisis Management and Mental Health

Crisis Management and support for clients from local South Taranaki crisis teams is required. The crisis support provided from New Plymouth is not sufficient. For an average case in Waverley it takes 3 hours to respond from New Plymouth.

South Taranaki needs a crisis team for the South, it is suggested that a proportion of the current contract be used to resource a South based crisis team. This could be managed by the South based organisations and shared amongst a few organisations. This would restore some equity where teams could travel in both directions.

“We need access to a crisis team 24/7, we need more authority in Hawera to manage contracts like this”

Currently there is culture of discharging patients from Base Hospital and not linking these clients with local service organisations. More follow up for Mental Health clients is important, discharging them back into the community without support or without alerting local service providers is not good practice.

“People need to be respected and treated well” “Better deal for people with mental health”

Older Persons Services

Accessibility changed to the NASC last year and since then the perception is that they do not come to Patea to access their cases. People who are elderly do not know what is available and feel the NASC have taken the representation away.

“We need more presence and collaboration and cooperation the other service seemed to care.”

“Services which are accessible and within reach – keep Hawera going”

“Maintain the personal aspect of healing”

“Continue the tiers to access the health system”

“Everything should not centre on one building, use technology to enable local health access”

Information for Older People

A suggestion in Patea was to have monthly information sessions for older people, where were services explained in plain language and a conversation could be had around addressing basic issues affecting older people. This type of monthly meeting could provide information and support around accessing health services. A suggestion was made that for older people living alone the provision of Medical Alarms would help to prevent older people being injured and unattended for long periods.

”The elderly need support with information on how to access services – they do not know how to go about getting it.”

What does the community think is important for future services provision?

Keep the Hospital for the following reasons

- A&E
- Ambulance Service
- Maternity
- Palliative Care

Other Suggestions

- Provide good primary care and first response in Hawera and specialist care in New Plymouth which can travel
- Make appointments easier and manage them better
- Address the GP shortage issue
- Trained ambulance staff to be able to first respond
- Design services around demographics
- Consider the economic effects of closing Hawera Hospital
- Address rural isolation of services with mobile units

Keep the A&E for timely response to an emergency because Hawera Hospital is essential to stabilise people after an accident and ambulance staff need to be able to stabilise patients.

. *“We are a county community; we need our services in our community”*

Address the lack of specialist facilities and people in Hawera to respond to crisis e.g. childbirth complications go to New Plymouth.

Focus on providing a local Ambulance Service which ensures that South Taranaki does not rely on the Helicopter services. The reason for this is that people feel that the Helicopter services do not solve services leaving Hawera.

“Keep our ambulances”

Make Triumph services more available in Southcare and reduce the cost of services to older people.

Address rural isolation of services by providing mobile health services in rural areas.

“People think it’s too far away to service – Patea”

“Happy with the Structure”

“We need an efficient A&E workforce at Fonterra and Yarrows, lots of people working having accidents.”

“One Stop shop doesn’t seem to have resulted in better service”

“The demographics needs to steer service design.”

“Maintain what we have got”

“Hawera does a good job accessing and deciding what needs to be done, New Plymouth need the specialists” “leave the high tech equipment to Waikato and New Plymouth, not economic”

“Need the hospital, so sneaking services away to close it later”

“We need a proper working hospital”

“If you do close the hospital it will impact on the South Taranaki Economic base, where money will go north with patients and families”

“Respond to the need to provide a hospice room due to the increased need for palliative care in Hawera”

“New Plymouth Staff need to appreciate the time it takes to travel to New Plymouth from South Taranaki

3.4 Youth

Summary

- Accessibility of GPs due to cost, wait times and travel is an issue,
- GPs not available or cost is an issue young people go to the A&E
- Relationships with health staff is difficult due to rotation of GPs
- The location of services affects access and adds cost
- The cost of GP services are prohibitive to access and the lack of alternative payment options
- Wait times result in health issues worsening
- Need for services for sexual health services, mental health services and services for chronic diseases, psychologists services
- Young people value transport to services, Maternity Unit, mobile services, specialists services available in Hawera
- More Whanau Ora approach to service provision for youth

What factors about the delivery of healthcare are important to youth?

- Accessibility
- Location
- Costs
- Wait times
- Relationship with professional staff

Price affects access to services, financial help is needed in order to access services in other regions. Specialist treatment of 10-12 year olds requires private access.

The availability of specialists and specialist services such as cancer screening is an issue, these are not easily available due to the lack of doctors and specialists.

“The time required to receive appointment availability is difficult when you have a 2-3 month old, she should be seen as soon as possible.”

“People generally have a low expectation of the healthcare system; they feel the system is closed to them. Therefore they give up and have low esteem and morale.”

Young people commented on not being able to see your “own” personal Doctor who you have a relationship with is important because the efficiency and caring nature of the service both at the medical centres and the local hospital is important to young people.

“Accessibility is around cost as well, youth tend not to go to the Doctors because of the cost”.

“With the inception of “free” access to nursing services through Ngati Ruanui I believe is giving another option for youth.”

What do Youth value about current services and why?

- When youth access the services they are treated well.
- Service providers are friendly and there are excellent health centres. There is sufficient transport by shuttle to Hawera and New Plymouth hospitals.
- Specialists come to Hawera and do consultations at the Patea health centre.
- Maternity Unit in Hawera is valued.
- Patients would like to see the mobile surgery in Hawera made available to Patea and Waverley.
- That services are still local i.e. Hospital services are kept in Hawera

What do youth dislike about current services and why?

- Mothers being moved to New Plymouth due to birthing complications.
- Difficulty in accessing services due to time, travel and cost.
- Waiting times for GPs.
- Doctors GP turnovers resulting in a lack of doctor-patient relationships and long-term family doctors.
- Lack of services especially for youth under 18. It can take at least four weeks to see your own personal doctor.
- Travel from rural areas and the cost associated with this.
- A & E services needs to be improved upon.
- Cost is a disincentive to use the services and young people tend to wait until they are very ill before going to a doctor.

Is anything missing from current services options that the community would value?

- Quality child psychologist.
- Mental health services / counselling services
- Maternal Mental health support
- Services for new mums and whanau
- Services for people with Asthma and Disabilities (Patea)
- Support with quitting smoking
- Family planning – sexual health (Patea)
- Yoga and fitness

What do the community think is important for future services provision?

- Whanau Ora approach for youth service design and development
- Mental health services provided across South Taranaki
- Cheap and free health services across the population
- More local services so there is a reduced need for travel
- Specialists in Patea – chronic care service provisions
- Use Skype or video conferencing to provide consultations with nurses or arrange visits.

- Hospital – minor ailments, residential, operations, safety A & E, availability, accidents (life saver).
- Ambulances
- Easier access to Doctors Needs to remain local or as local as possible.
- An improvement on the administration of local medical centres i.e. Southcare.
- Waiting all day to hear from a nurse is too long likewise sitting on a phone for 30 minutes waiting for reception to respond is not service.
- Better payment systems which allow people to charge back system to enable low income people to pay the doctors fee, cost of travel and the medication over a period of time.
- Sexual Health Clinics

Annex 1 List of Organisations and Groups Engaged with		
No	Organisation	Date/Outcome
1	South Taranaki Parents Centre	Mar-04
2	Patea Kindergarten	Mar-04
3	Patea Youth Trust	Mar-04
4	Ngati Ruahine Iwi	Mar-07
5	Normanby Play Centre	Mar-09
6	Patea Standby / Patea Connections	Mar-09
7	Kautu Ke Te Rangi Kohanga Reo	Mar-09
8	Manaia Pre School	Mar-10
9	Kaumatua Health Group	Mar-15
10	Grey Power	Mar-15
11	Eltham Community Board	Mar-16
12	Kaumatua Ngati Ruanui	Mar-16
13	Waverley Library	Mar-16
14	Waverley Health Watch	Mar-16
15	Kaponga Elderly Group	Mar-17
16	Opunake High School	Mar-17
17	Coastal Cobras League	Mar-17
18	Opunake Kindergarten Ngati Ruahine Kaumatua Group	Mar-17
19	Manaia	Mar-18
20	Eltham Kindergarten	Mar-21
21	Patea Community Board	Mar-21
22	Ngaa Rurua	Mar-28
	Surveys	Instructions
23	Patea Kindergarten	left extra for other parents to fill in
24	Opunake Kindergarten	unable to meet - PH
25	South Taranaki Parents Centre	left extra for other parents to fill in
26	Normamby Play Centre	left extra for other parents to fill in
27	Kautu ki Te Rangi Kohanga Reo	unable to meet
28	Ngatiki Te Kohanga Reo	unable to meet
29	Kaikaapo Te Kohanga Reo	unable to meet
30	Patea Te Kohanga Reo Te Kohanga Reo O Te Namu Society	unable to meet
31	Inc	unable to meet
32	Te Hunga ririki Te Kohanga Reo	unable to meet
33	Te Taumata Te Kohanga Reo	unable to meet
34	Egmont Plains Community Board	unable to meet - PH

35	Hawera Community Board	unable to meet - asked for questionnaire
36	Opunake Health Trust	unable to meet - asked for questionnaires - PH
37	Eltham Health Trust	Same member on Eltham community board - asked for questionnaires
Youth Groups		
38	Youth Transition Services	due to time constraints asked for questionnaires
39	South Tru Group	due to time constraints asked for questionnaires left questionnaires for them to distribute to their youth
40	Patea Youth Trust	
41	St. Johns Kaponga Youth Group	due to time constraints asked for questionnaires
42	Opunake Youth Group	due to time constraints asked for questionnaires
43	Maatua Whangai	due to time constraints asked for questionnaires
44	Mana Rangatahi	due to time constraints asked for questionnaires
45	Kaponga Youth Group	due to time constraints asked for questionnaires
Older Persons		
46	Patea Standby	left more questionnaires for people to fill in
Refused		
47	Raumano Kaumatua Group	Tui Ora had already been, they didn't want a second so soon Wanted all questions to come through Denise Smith - Denise dealing
48	Manaia Te Kohanga Reo	
Still Waiting		
49	Taranaki Iwi	Still waiting for a response
50	Taranaki ke Te Tonga	Still waiting for a collective response - email sent to Warren at his request

Annex 2

The following is the feedback received surrounding this community engagement.

“The timeframe for this community consultation is ridiculously inadequate and in the view of the community that I am responding on behalf of, is not seen as consultation at all. Tangata Whenua is a treaty partner and therefore must be consulted with as a partner NOT a stakeholder. Ngaa Rauru Kiitahi is also unhappy that Iwi have not been invited to the South Taranaki Steering Group.”

*“Short timeframe for submission” “disappointed that not consulted before” The TDHB need to tell the community and staff if they intend to close the hospital.” (Grey Power)
“Want a commitment from the DHB to maintain services in the south. public consultation at public meetings before considering change”*

“Taranaki Medlab, as the provider of community laboratory services to Taranaki, is pivotal in the provision of primary health care. Direct consultation with the laboratory is desirable to optimise this service. Please contact Taranaki Medlab CEO, Mr John Shuker (jshuker@taramedlab.co.nz) to further this opportunity.”

“The inability to trust TDHB management because of: • Lack of commitment to retain services and Hawera Hospital • Uncertainty for both the public and staff because of constant reviews and service curtailment in the south • No locally based Hawera Hospital manager • The predictable “mitigation” / excusing / covering up / denial and even bullying management response to criticism of TDHB services and reducing medical workforce in the south. • No interest in public input eg unrealistic time frame for this questionnaire!”

“The time frame of this survey is ridiculous and will be minimal and then used against the community. most people I have asked are unaware of the survey”

“The TDHB need to tell the community and staff if they intend to close the hospital. Travel and stress being experienced by South Taranaki.”

“Staff are very affected by the changes in the hospital and the uncertainty of their future. They leave when possible”.

“Doctors and Clinicians need to inform the needs of South Taranaki. \$80million spend, is there going to be staff available or will some staff come South to Hawera. Stability and honesty from New Plymouth”

“Will we get better service from the \$80million being spent. 80million should go to reducing the wait times over 10 years.”

“Our health would improve with better access and shorter waiting lists”

“Staff investment is more important”

“Short timeframe for submission”

“disappointed that not consulted before”

“The hospital is practically brand new, why build something now and then close it, be committed to the maintenance.”

“Please before you change anything consult with the people and see how they feel about it.”

“Buildings don’t repair broken legs”

“The DHB needs to be clear the timeframes for this consultation are ridiculous”

“Distraction of bureaucracy – sucking money”

“The DHB needs a better database more available to all health users-eg doctors and Ambulance officers.”

Annex 3

**Summary - Community Perception of Access to Health Centres in
South Taranaki**

Medical Centres	Wait times	People travel from
South Care	2-3 weeks	Hawera, Eltham, Patea
Emergency	1-4 hours	Manaia, Eltham, Kaponga, Patea
Ngati Ruanui	2-3 weeks	Manaia, Normamby, Hawera
Patea Medical Centre	1-2 days	Hawera, Eltham, Waverley, Patea
Waverley Medical Centre	not able to make an appointment -	Waverley
Opunake Medical Centre	1-2 days	Opunake
Manaia – South Care	2-3 weeks	Kaponga, Manaia
Eltham Medical Centre	1-2 days	Patea, Waverley, Eltham, Kaponga